

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredrick Md</i>		Town <i>Fredrick</i>		County <i>Fredrick</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>6</i>		Day <i>10</i>		Age <i>53</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredrick Md</i>		Months <i>—</i>	
Occupation <i>Retired</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Barnes</i>					
Father's Name <i>Dwight C Burghis</i>		Father's Birthplace <i>Fredrick Md</i>					
Mother's Maiden Name <i>Mary E Lambert</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mary E Burghis</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Substituted Spleenitis</i>	How long <i>10 years</i>
Immediate <i>Cerebritis (Athermia)</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. M. Curdy</i>
	Address <i>—</i>
Accident or Suicide?	

M O Cmsy

June 12 - 1906

C. C. Cmsy -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sophia Buckingham

Died at *near Yellow Springs* ^{Town} *Fredesrick* ^{County} *MARYLAND*

Date of death *1907* ^{Month} *June* ^{Day} *23* ^{Years} *74* ^{Months} *7* ^{Days} *1*

Sex *Female* Color or Race *white* Birth-place *Md.*

Occupation *none* Where Residing if not at place of death *none*

Married, Single or Widowed *Widow* Name of Wife or Husband *William Buckingham*

Father's Name *Johnathan Pickers* Father's Birthplace *Md.*

Mother's Maiden Name *Christina Lambright* Mother's Birthplace *Md.*

Name of person giving information *Nicholas Pickers* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Bronchitis & Congestion of Lungs* ^{How long} *Some months*

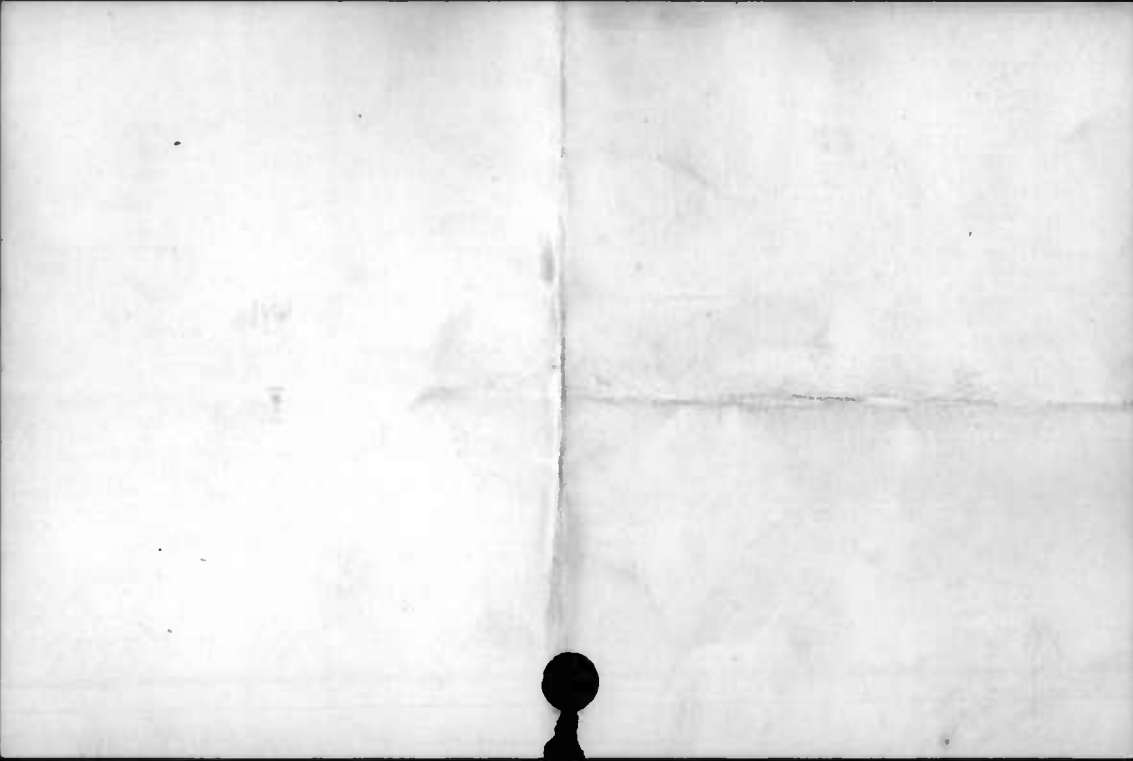
Immediate *General Asthenia* ^{How long} *About a week or 10 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. Keedick*
Address *Fredesrick, Md.*

Filed *1907*

Accident or Suicide? *none*



Name
in
Full

Viola V. F.

Bussard

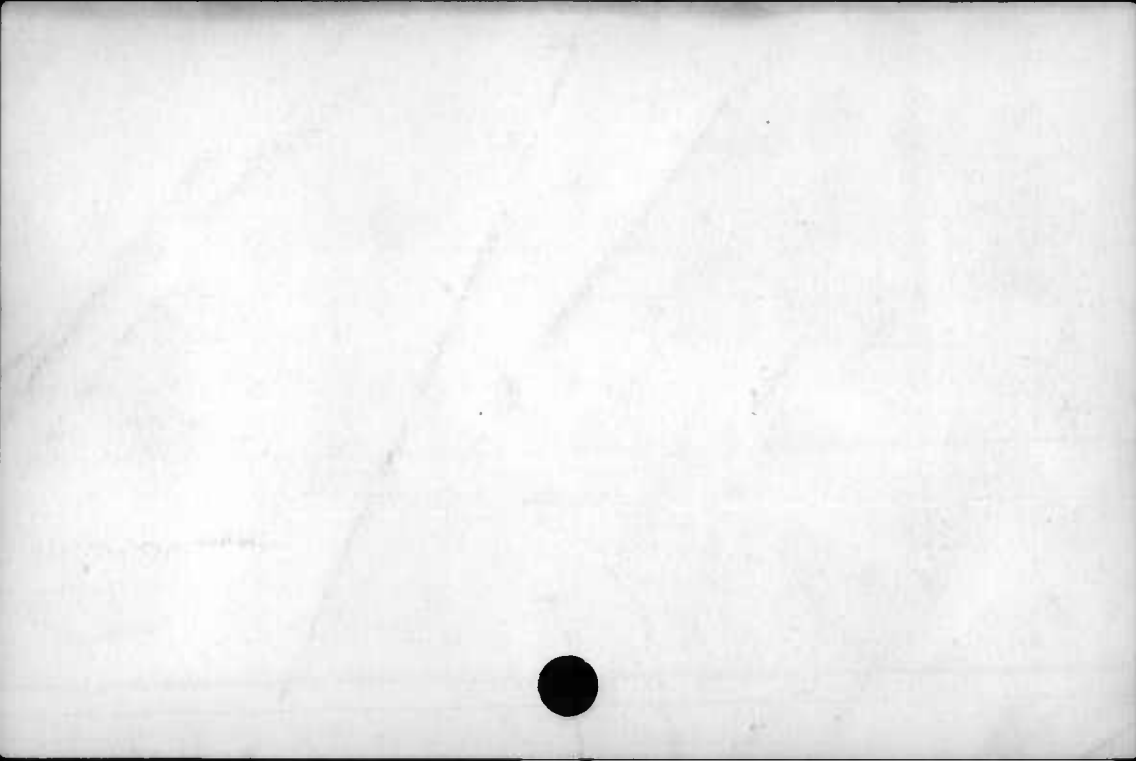
CERTIFICATE OF DEATH

Died at <i>hon</i> ^{Town} <i>Middletown</i> ^{County} <i>Fredrick</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>20</i>	Age <i>0</i> Years Months <i>5</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Fredrick Co Md</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>William H Bussard</i>	Father's Birthplace <i>Fredrick Co Md</i>		
Mother's Maiden Name <i>Elie Rausbush</i>	Mother's Birthplace <i>Fredrick Co Md</i>		
Name of person giving information <i>William H Bussard</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary <i>Measles</i>	How long <i>Not treated, about 9 wks ago</i>
Immediate <i>Acute hepatitis</i>	How long <i>Under treatment 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E L Buckley</i>
	Address <i>Middletown</i>
	<i>Fredrick Co Md</i>
Accident or Suicide?	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Ellen Coleman

CERTIFICATE OF DEATH

Died at *Andover* Town*Andover* County

MARYLAND

Date of death 1907 *June* MonthDay *23*Age *83* Years

Months

Days

Sex *Female*Color or Race *Colored*Birth-place *Montgomery Co. Md.*Occupation *Domestic*Where Residing if not at place of death *Place of death*Married, Single or Widowed *Widow*Name of Wife or Husband *Benjamin Coleman*Father's Name *Nachel Robinson*Father's Birthplace *Don't know*Mother's Maiden Name *Foster Lee*Mother's Birthplace *Don't know*Name of person giving information *Elisabeth Sparks*How related to deceased *Daughter*

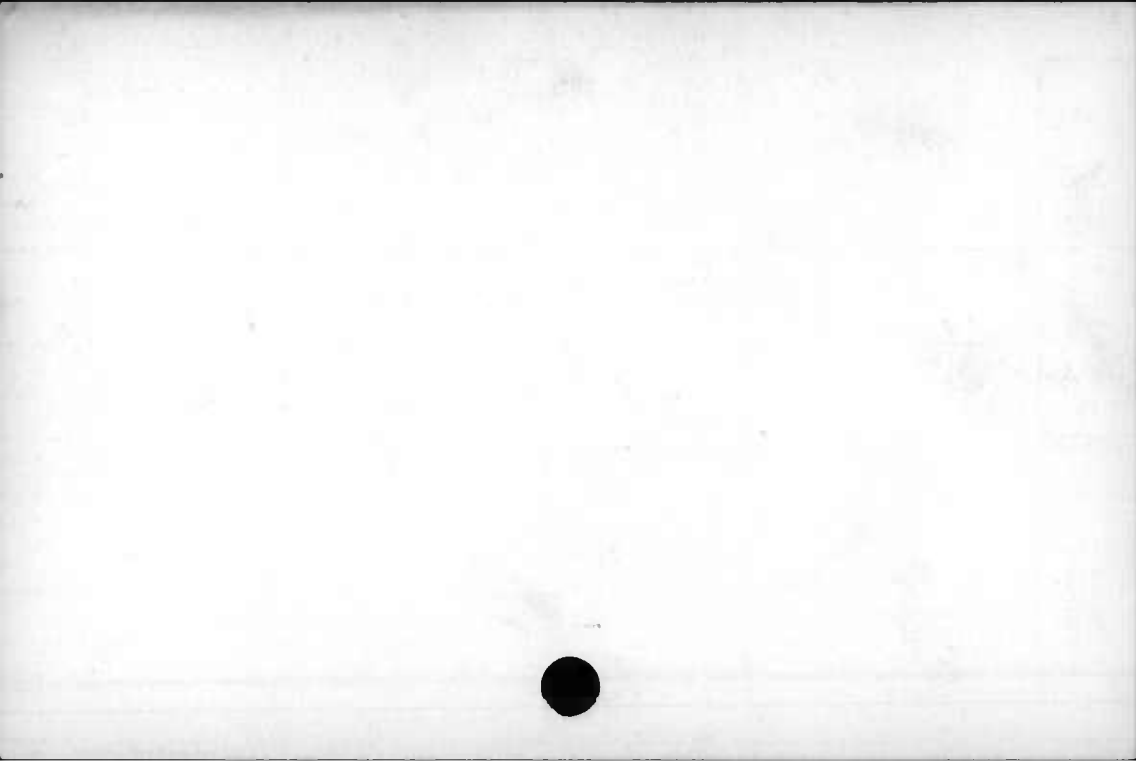
CAUSES OF DEATH

120

Primary *Chronic Brights Disease*How long *Don't know*Immediate *Asthma & Croup*How long *Several days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *S. S. Frazier*Address *Andover Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William A. Greager

CERTIFICATE OF DEATH

Died at *Sabillasville* ^{Town}*Frederick* ^{County}

MARYLAND

Date of death 190 *7* Month *6* Day *22* Age *76* Years Months *9* Days *2*Sex *Male* Color or Race *White* Birth-placeOccupation *Retired* Where Residing if not at place of death *Sabillasville*Married, Single or Widowed *Widowed* Name of Wife or Husband *Lucy Greager*Father's Name *Daniel Greager*

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *Samuel West*How related to deceased *Uncle*

CAUSES OF DEATH

81

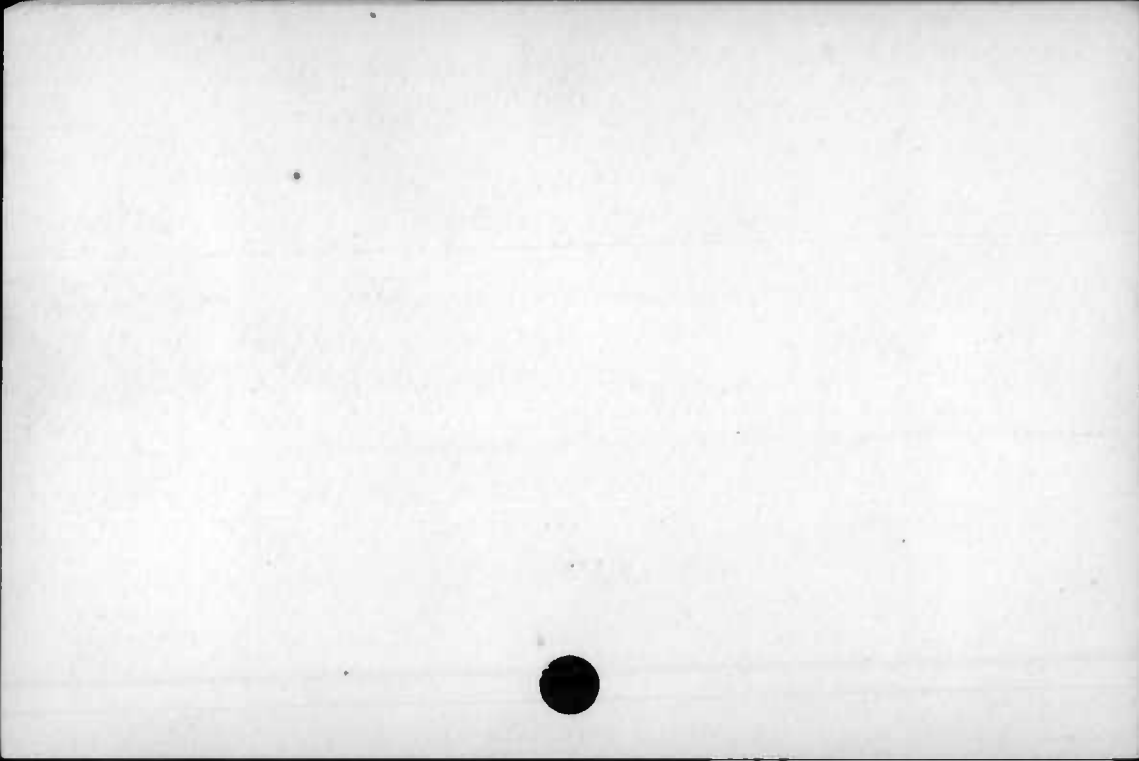
Primary *Arterio Sclerosis*How long *long time* *Probably for a*Immediate *Edema*How long *Ten days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E. L. Wachter*Address *Sabillasville*

Accident or Suicide?

*Md.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trompsburg</i> ^{Town}		<i>Ind</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>Jan</i> ^{Day}	Age	<i>71</i> ^{Years}	<i>June</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Middletown</i>
Occupation	<i>Carpenter</i>		Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed	Name of Wife or Husband		<i>Haniel - Miller</i>		
Father's Name	<i>John Brone</i>		Father's Birthplace	<i>Middletown</i>	
Mother's Maiden Name	<i>Elizabeth Lane</i>		Mother's Birthplace	<i>Frederick</i>	
Name of person giving information	<i>Daughter Mrs L Kepner</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accident (fall from beam)</i>	How long	<i>3 weeks</i>
Immediate	<i>collapse</i>	How long	<i>sudden</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address <i>S. S. Maynard</i>		
	<i>17 Second St - H</i>		
Accident or Suicide?	<i>Accident</i>		



Name

in Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Haltersville*

Town

Frederick

County

Date
of death *1907*

Month

June

Day

13

Age

Years

13

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Haltersville*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Ray Brown*Father's
Birthplace*Haltersville*Mother's
Maiden Name*Hattie Dinterman*Mother's
Birthplace*"*Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

*Jamulic**114*

How long

10 days

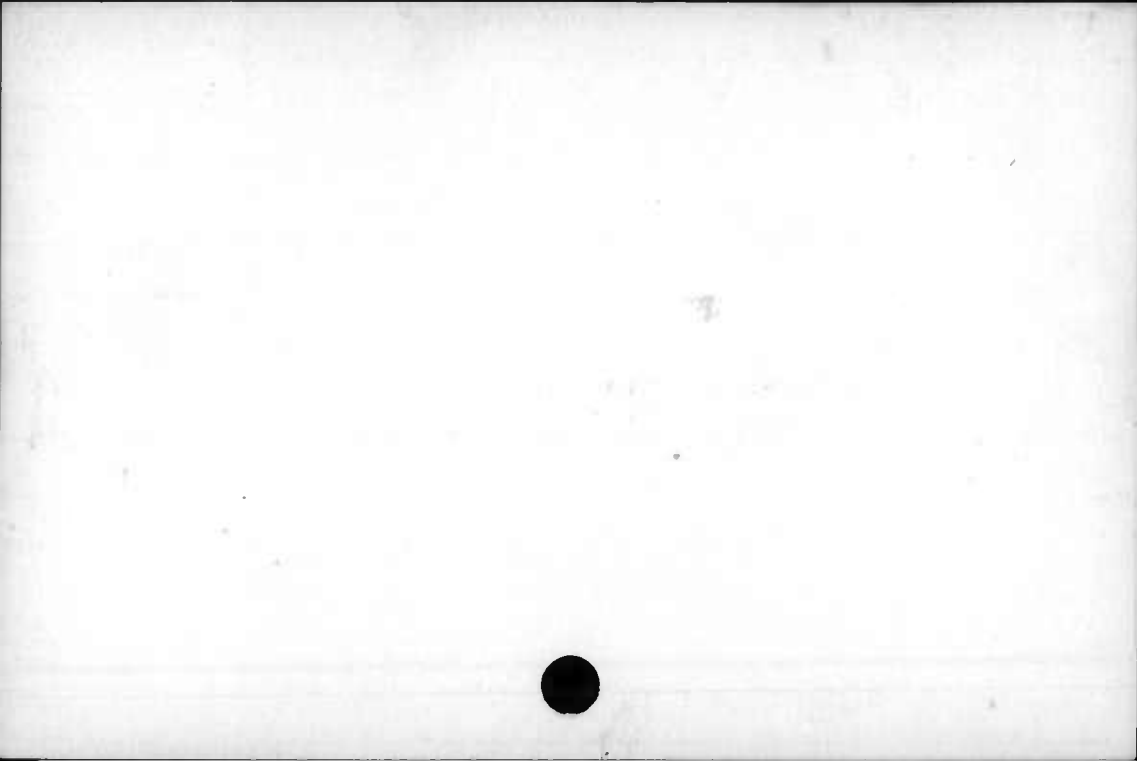
Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. Mcodman,
Haltersville,
Md.*

Accident or Suicide?



Name
in
Full

Albert Crummett, Baby.

CERTIFICATE OF DEATH

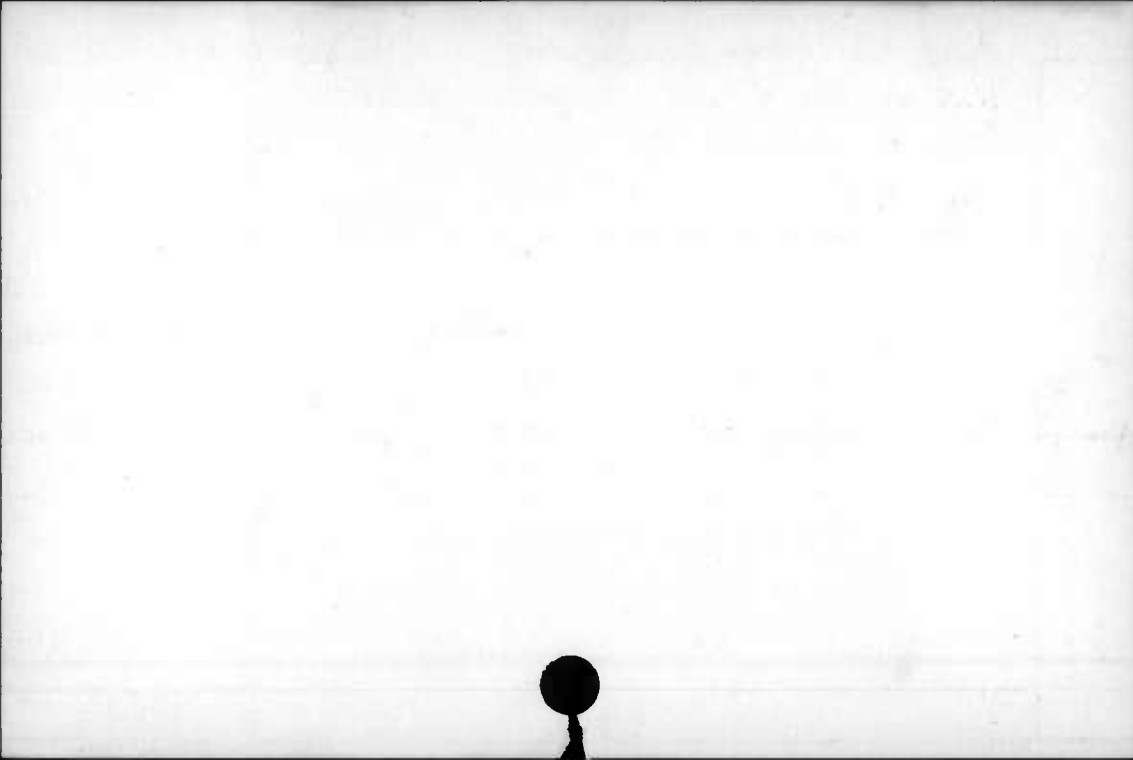
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indueen</i>		Town <i>Indueen</i>		County <i>Indueen</i>		MARYLAND	
Date of death <i>1907 June</i>		Month <i>11</i>		Day <i>12</i>		Years <i>hans.</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Indueen Ind.</i>		Months <i>—</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>L</i>					
Married, Single or Widowed <i>f</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Albert C. Crummett</i>		Father's Birthplace <i>Indueen Ind.</i>					
Mother's Maiden Name <i>May E. Crager</i>		Mother's Birthplace <i>Indueen Ind.</i>					
Name of person giving information <i>Ed. J. Schorder.</i>		How related to deceased <i>Indueen</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abnormal labor. (176)</i>		How long <i>X</i>	
Immediate <i>Prick of abdominal labor.</i>		How long <i>4 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Johnson</i>	
		Address <i>Indueen Ind.</i>	
Accident or Suicide?			



Name
in
Full

Clara Delashmunt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

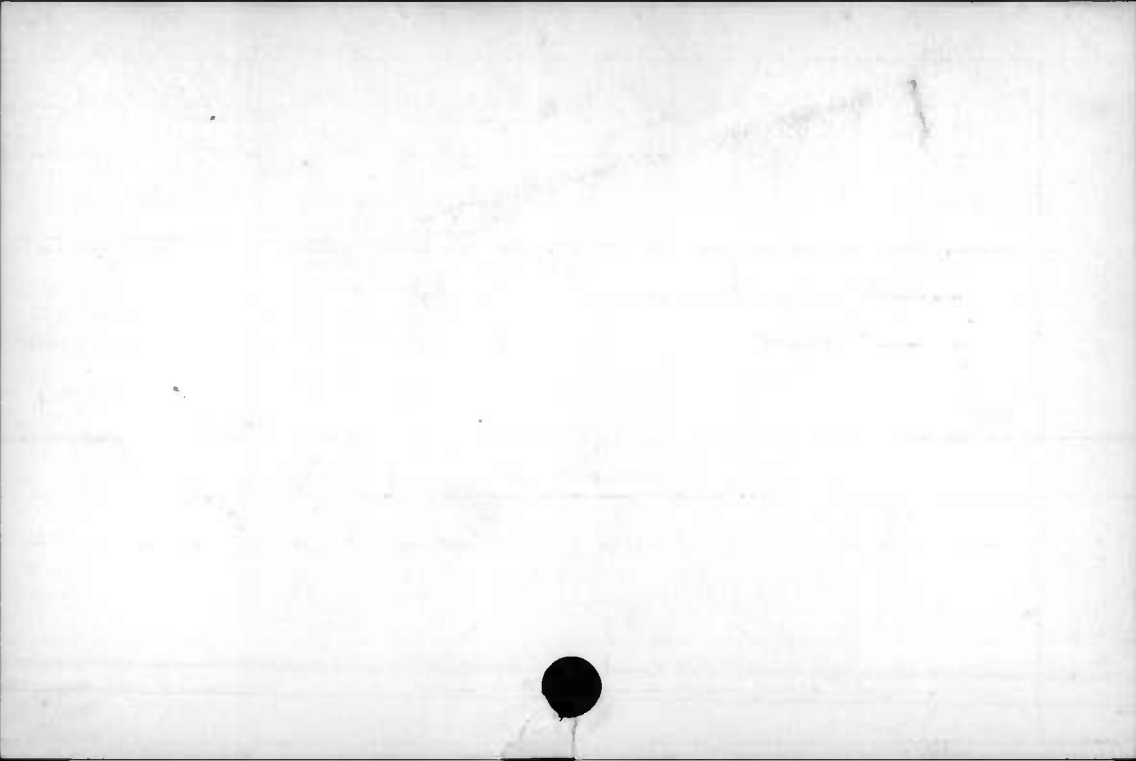
Died at		Town Pikes Mills		County Indiana		MARYLAND	
Date of death		Month June	Day 2	Age Years 47	Months 5	Days 16	
Sex Female		Color or Race White		Birth- place Indiana			
Occupation Lady				Where Residing if not at place of death X			
Married, Single or Widowed Single		Name of Wife or Husband X					
Father's Name Andrew J. Delashmunt				Father's Birthplace Do not know			
Mother's Maiden Name Charles Rich				Mother's Birthplace Do not know			
Name of person giving In formation Way H. B. Elchison				How related to deceased Mediator			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis		How long Do not know
Immediate Exhaustion		How long Gradual.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. B. Johnson
		Address Indiana Ind.
Accident or Suicide?		



Name
in
Full

Elen. A. C. DeGrange

CERTIFICATE OF DEATH

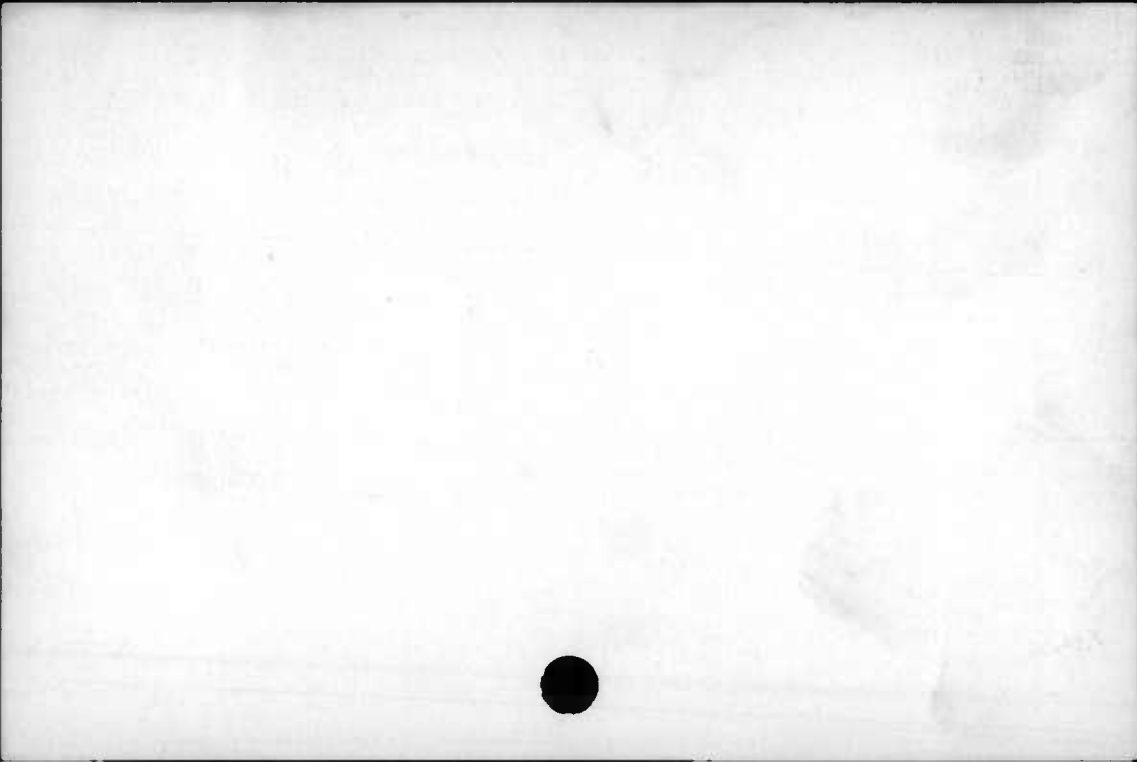
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Jefferson</i>		County <i>Fredricks</i>		MARYLAND	
Date of death	1907	Month <i>6</i>	Day <i>26</i>	Age <i>64</i>	Years <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Near Jefferson</i>		Months <i>9</i>	Days <i>1</i>
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wm F DeGrange</i>				
Father's Name <i>Thomas Miles</i>	Father's Birthplace <i>Near Jefferson</i>		Mother's Birthplace		
Mother's Maiden Name	How related to deceased				
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dropsy</i>	How long	<i>1-14-09</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. H. B. Gawn</i>	
<i>yes</i>		Address <i>Jefferson Fredricks Co</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Jane E. Garrott

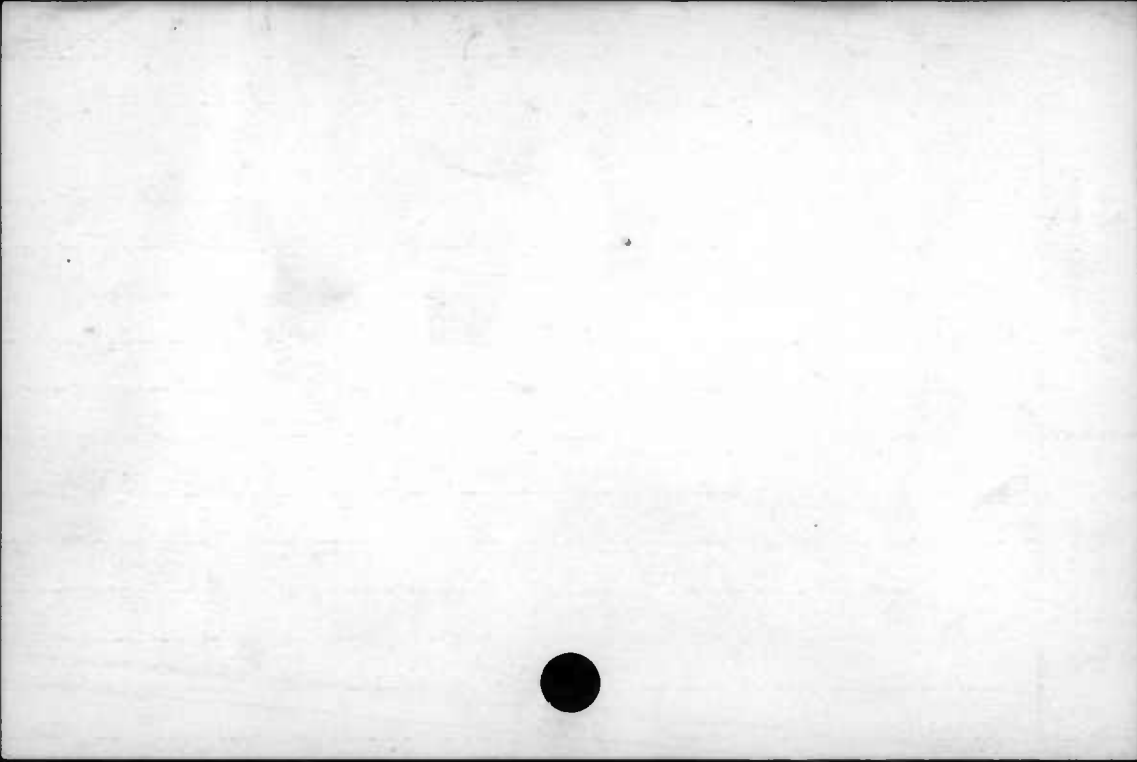
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Knoxville</u> <small>Town</small>		County <u>Fredrick</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>5</u>	Age <u>72</u>	Years <u>7</u>	Months <u>9</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth place <u>Fredrick, Md</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Knoxville</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>J. Rice Garrott</u>				
Father's Name <u>Richard Anderson</u>	Father's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Susan Anderson</u>	Name of person giving information <u>Lee Garrott</u>		How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Cancer of the liver</u> (40)	How long <u>1 year</u> \pm
	Immediate <u>Total exhaustion + immobility</u>	How long <u>1 year</u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. R. C.</u>
		Address <u>Brinnock, Md</u>
Accident or Suicide? <u></u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Esty May Geiselman</i>		Town <i>Middletown</i>		County <i>Fredk.</i>		MARYLAND	
Died at <i>Middletown</i>		Month <i>June</i>		Day <i>21</i>		Years <i>29</i>	
Date of death <i>190</i>		Months <i>18</i>		Days <i>18</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Middletown</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>					
Married, Single <i>Widowed</i>		Name of Wife or Husband <i>26. D. Geiselman</i>					
Father's Name <i>Clayton A Fox</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Susan R. Palmer</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Clayton A Fox</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>18 months</i>
Immediate <i>Tuberculosis</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. V. Hawver</i>
	Address <i>Middletown Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

Susan kid off. Gehendanner.

Town

County

Died at

Indenueh

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

6

6

Age

21

Sex

Female

Color or
Race

White

Birth-
place

Indenueh

Occupation

Teacher

Where Residing if not
at place of death

x

Married, Single
or WidowedName of Wife or
Husband

x

Father's
Name

M. E. Gehendanner

Father's
Birthplace

Co

Mother's
Maiden Name

Miss Clara V. Sweet

Mother's
Birthplace

Co

Name of person giving
Information

Self

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Atherosclerosis

How long

12 yrs ago

Immediate

Ulceration Endocarditis

How long

6 wks.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Franklin A. Anderson

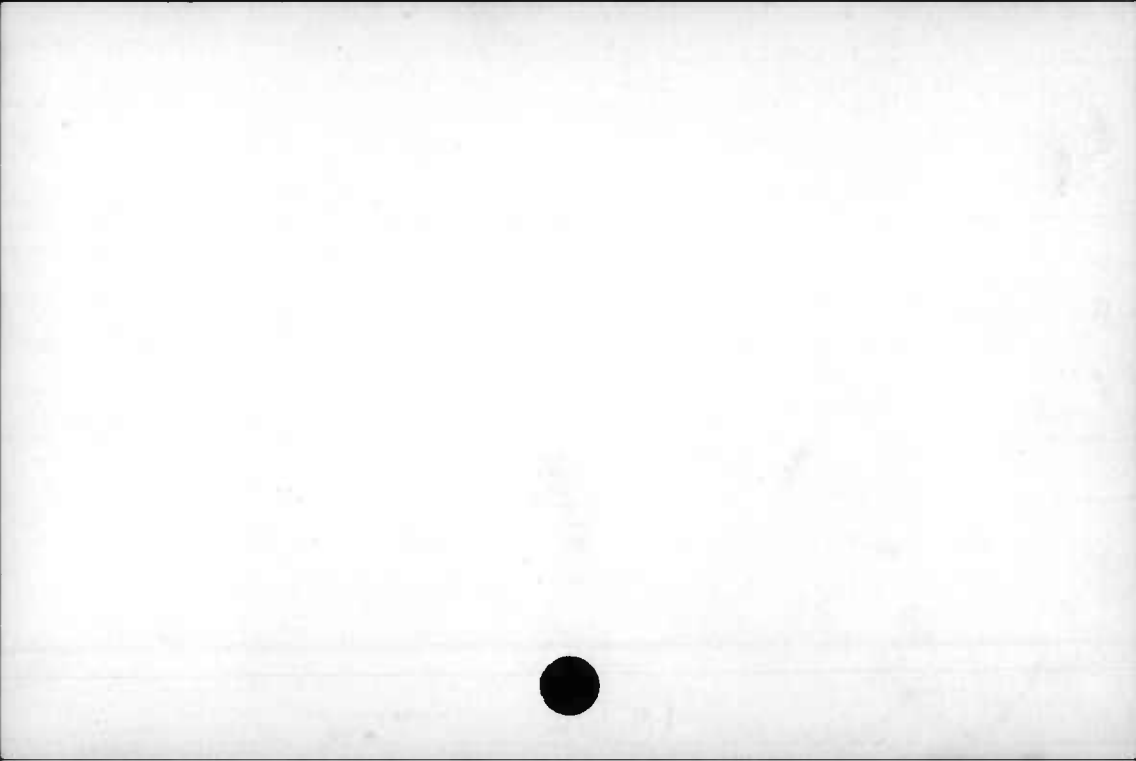
Address

Indenueh Ind.

Accident or Suicide?

x

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Henry Clarence Goodman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

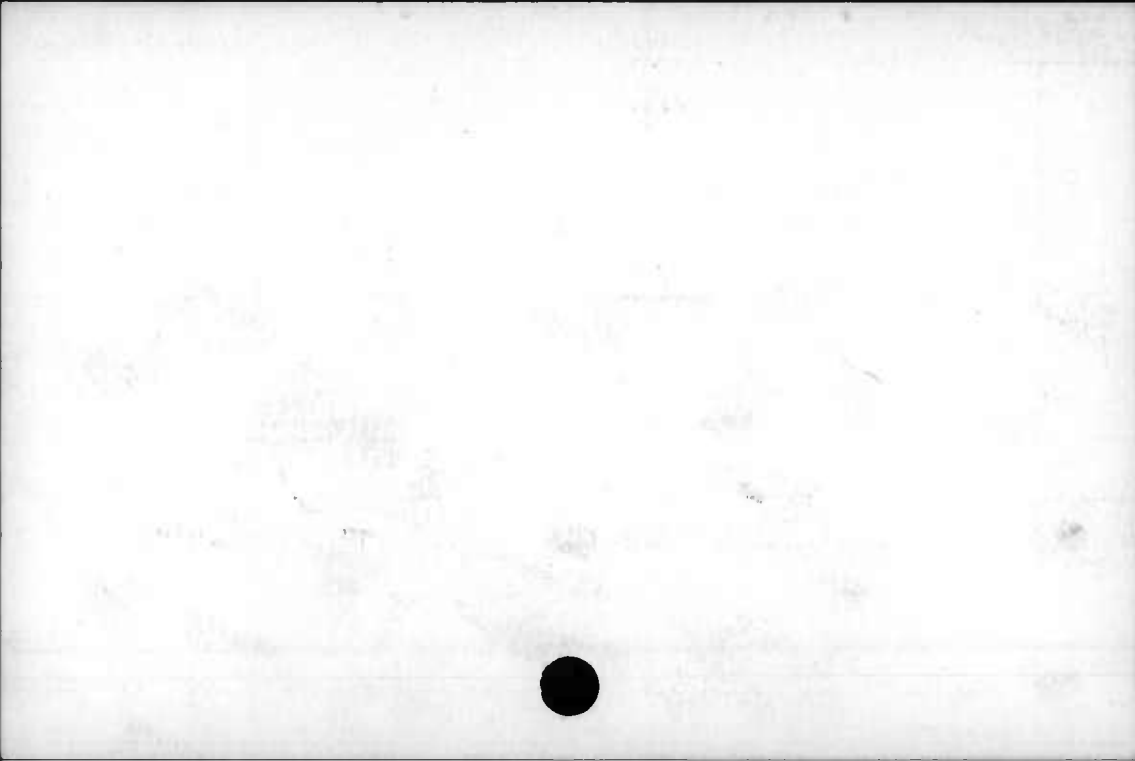
Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1907	Month June	Day 15	Age 32	Years 2	Months 13
Sex male		Color or Race Colored		Birth- place md			
Occupation Unknown				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Samuel Goodman		Father's Birthplace md					
Mother's Maiden Name Mary Dorsey		Mother's Birthplace md					
Name of person giving information Mary Dorsey		How related to deceased mother					

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	Epilepsy	How long	Several years
Immediate	Cardiac Failure	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. G. Boune M.D.	
Address		Frederick, md	
Accident or Suicide?		no	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Julia, M. Hahn.* Town *Thurmont* County *Frederick.*

Died at *Thurmont*

Date of death *1907* Month *June* Day *4* Age *56* Years Months *3* Days *27*

Sex *Female.* Color or Race *White.* Birth-place *Frederick Co.*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Thomas Hahn.*

Father's Name *John Wilhide.* Father's Birthplace *Ind.*

Mother's Maiden Name *Harbaugh* Mother's Birthplace *Ind.*

Name of person giving information *Thomas Hahn.* How related to deceased *Son & son of*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Obstruction bowels* **(108)** How long *24 hrs*

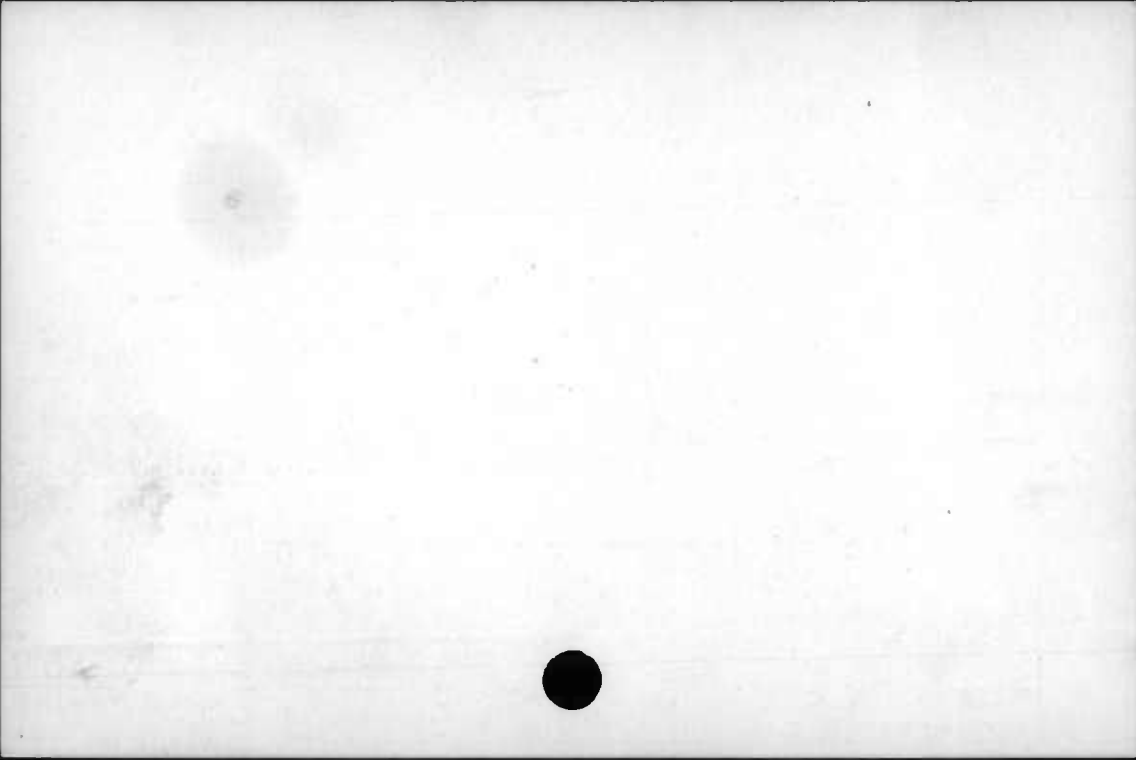
Immediate *Exhaustion* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Morris A Birch*

Address *Thurmont Md*

Accident or Suicide? *—*



Name
in
Full

Frederick Heinlein

CERTIFICATE OF DEATH

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NEAREST FRIEND

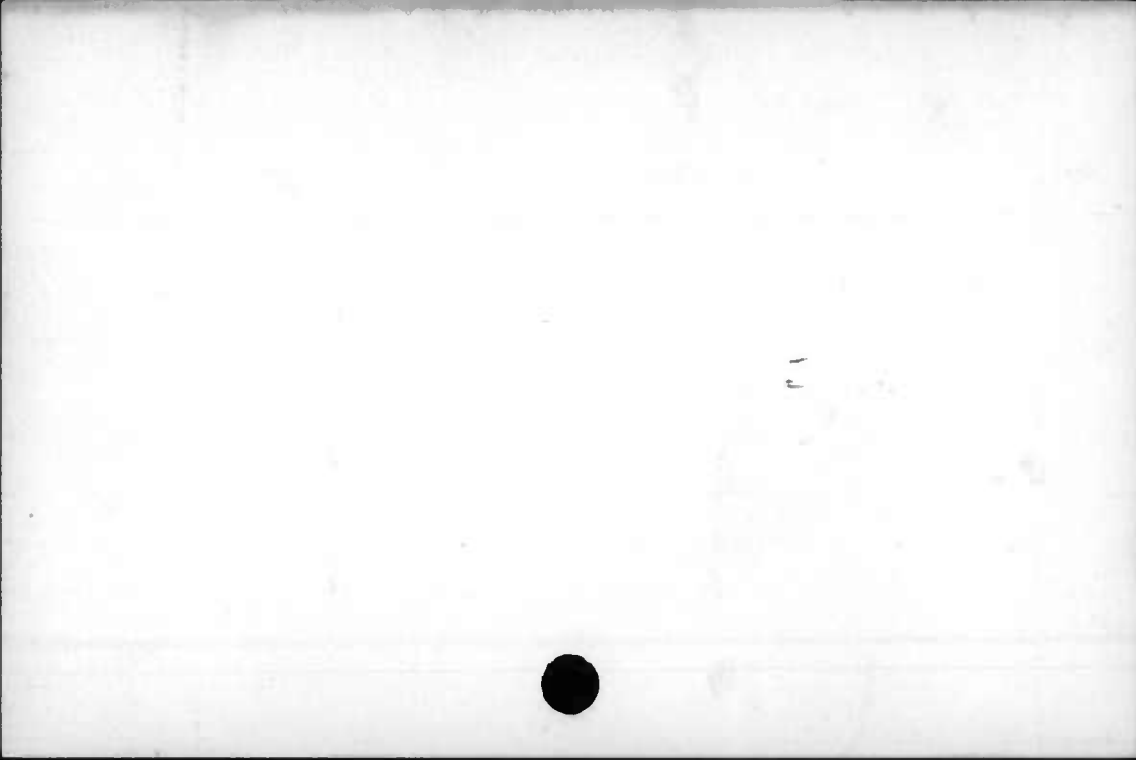
Died at <i>Fredericks</i>		Town		<i>Fredericks</i>		County		MARYLAND	
Date of death		1907	Month	6	Day	9	Age	Years	71
Sex		Male		Color or Race		White		Birth-place	
Occupation		Butcher		Where Residing if not at place of death		Same		Months	
Married, Single or Widowed		Widower		Name of Wife or Husband		Dorothea Dunkhorst.		Days	
Father's Name		Heinlein		Father's Birthplace		Germany			
Mother's Maiden Name		Unknown		Mother's Birthplace					
Name of person giving information		E. Heinlein		How related to deceased		Son.			

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	<i>Chronic Schmorl's + tumor of bowel.</i>	How long	<i>2 1/2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 1/2 yrs</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>S. S. Maynard</i>	
Address		<i>17 Sumner St. W.</i>	
Accident or Suicide?		<i>Frank's Med.</i>	



Name
in
Full

Barbra L. Herschel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> ^{Town} <i>Seasfield</i>		^{County} <i>Fried.</i>		MARYLAND	
Date of death 1907	Month <i>6</i>	Day <i>19</i>	Age <i>65</i>	Years <i>4</i>	Months <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Lucaster Pa</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>near Seasfield</i>				
Married, Single or Widowed	Name of Wife or Husband <i>David - Herschel</i>				
Father's Name <i>Peter Darty</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Unobtainable</i>	Mother's Birthplace <i>Unobtainable</i>				
Name of person giving information <i>David Herschel</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Disease of the throat and lungs and stomach from bronchial tubes</i>	How long <i>For some years</i>
Immediate	<i>Cause Hemorrhage or bleeding from</i>	How long <i>Found dead in her blood</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of <i>Physician or coroner</i> <i>John W. Hoover J.P.</i>	
	Address <i>Wolfeville Frederick Co Maryland</i>	
Accident or Suicide?		



Name
in
Full

Charles Thomas Fleming Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indeuch</i> ^{Town}		<i>So</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>6</i>	Day <i>13</i>	Age <i>69</i>	Months <i>5</i> Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Indeuch Co</i>		
Occupation <i>Farmer (Retired)</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Mrs Mary Louise Howard</i>				
Father's Name <i>Thomas Hall Howard</i>	Father's Birthplace <i>Ind Co.</i>				
Mother's Maiden Name <i>Eleumr Fleming</i>	Mother's Birthplace <i>Ind Co -</i>				
Name of person giving information <i>Mrs. Eleumr Full</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia (Apoplexy)</i>	How long <i>3 day</i>
Immediate <i>Emphysema Bronch</i>	How long <i>-</i>

Are the name, age, sex, color, date and place correctly given above?

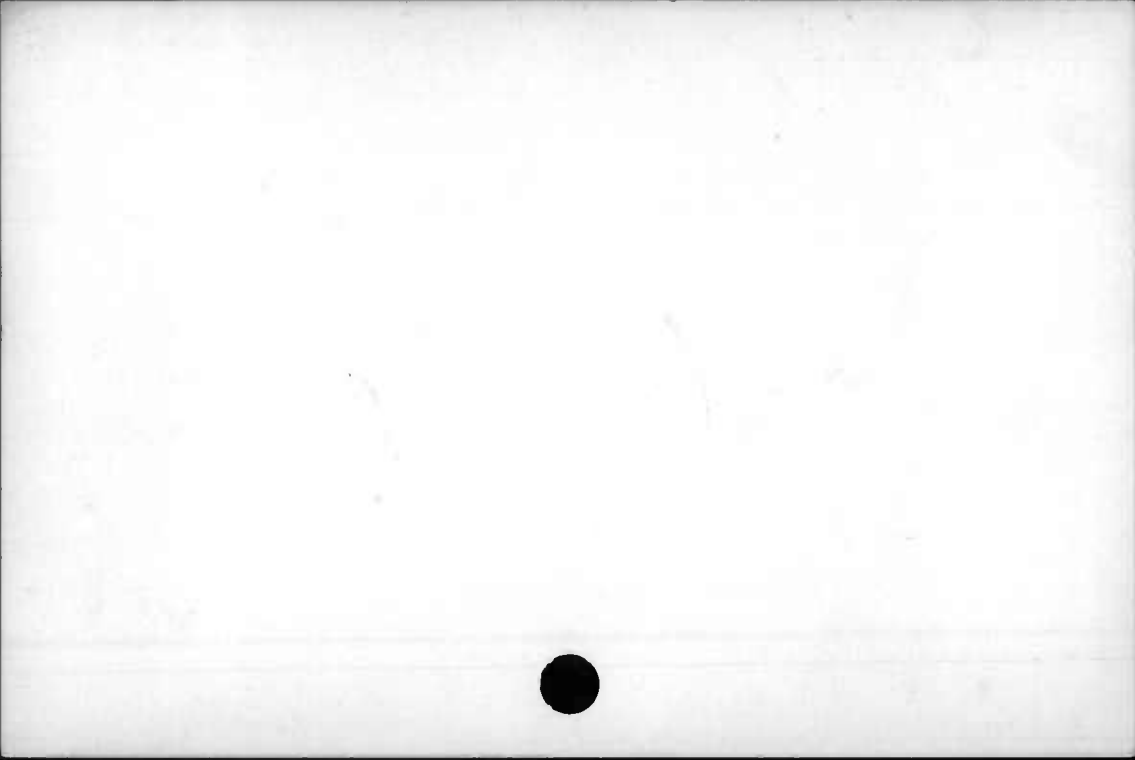
Yes

Signature of Physician

Address

Walter Buchanan Dr
Indeuch, Md

Accident or Suicide?



Name
in
Full

Bennis D. Howser, No. 12,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

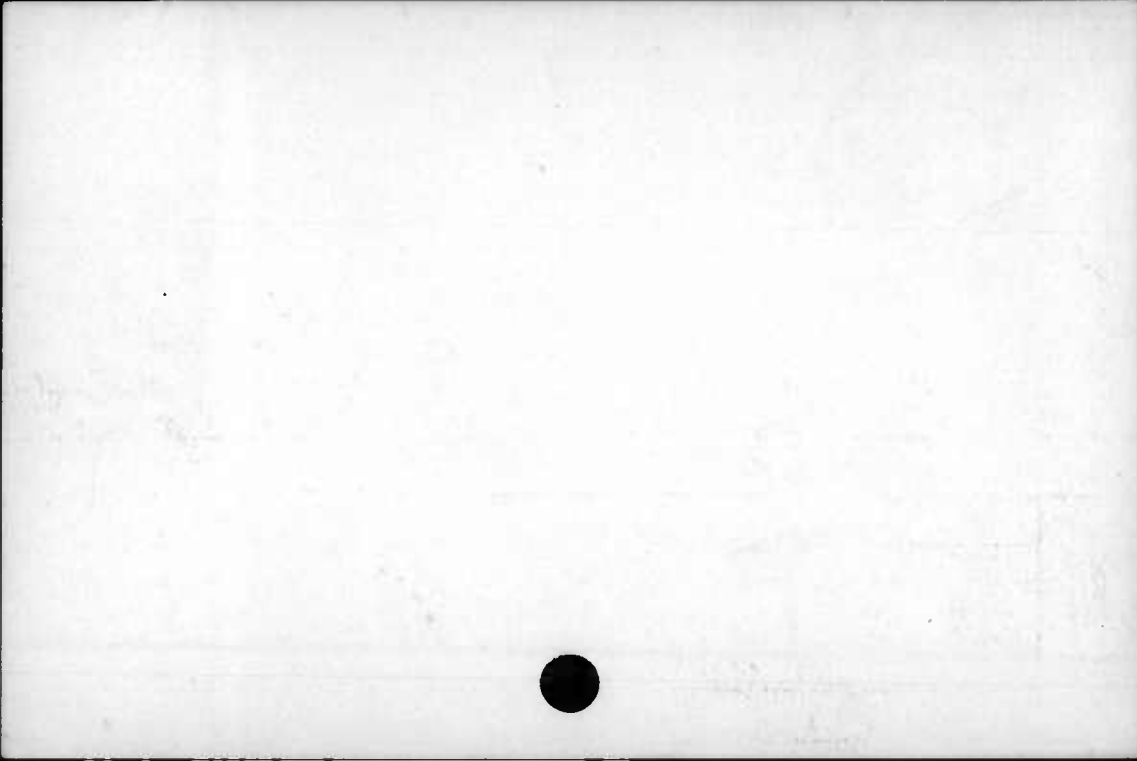
Died at <i>Plane No. 4</i>		<i>Frederick</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>June</i>	Day <i>25</i>	Age <i>76</i>	Years	Months	Days <i>14</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Frederick Co., Md</i>			
Occupation <i>Rail Road Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary E. Howser</i>					
Father's Name <i>Bennis Howser</i>		Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Matilda Brashear</i>		How related to deceased <i>wife</i>					
Name of person giving information <i>Mary E. Howser</i>							

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long <i>6 mos.</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hopkins M.D.</i>
		Address <i>New Market, Frederick Co., Md.</i>
Accident or Suicide? <i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

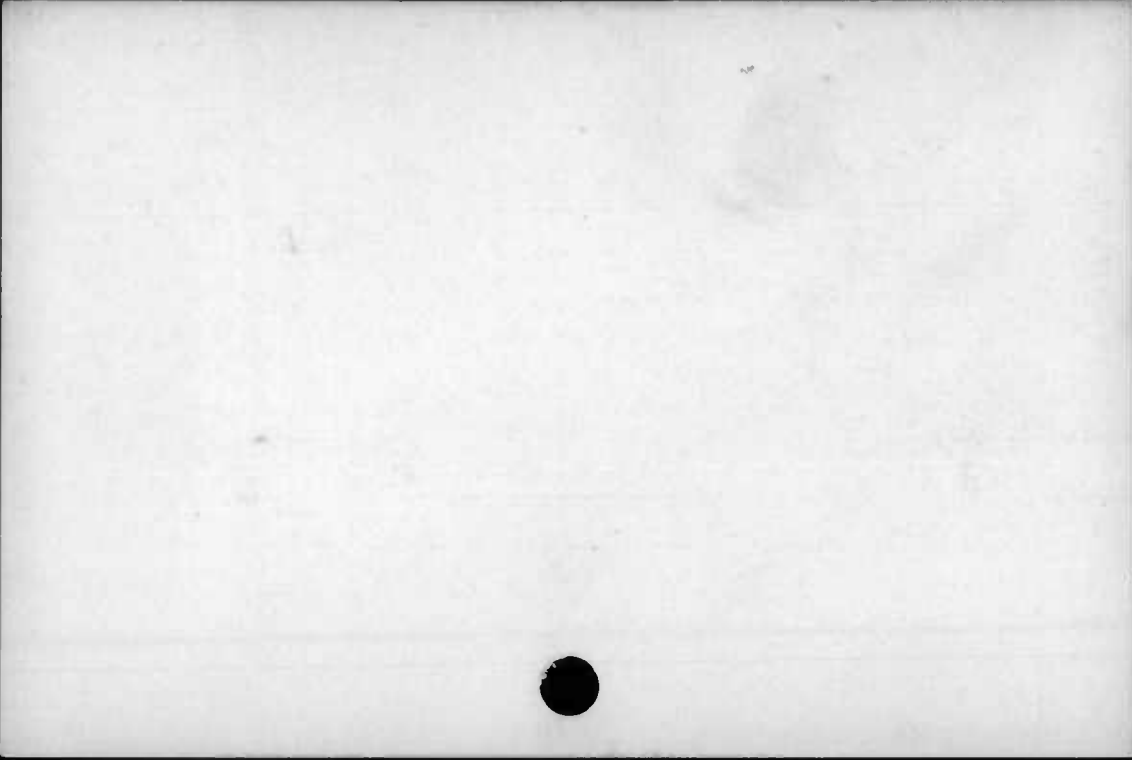
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Andrew Johnson</i>		Town <i>Frederica</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederica</i>		Month <i>June</i>		Day <i>20th</i>		Years <i>—</i>	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>20th</i>		Years <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick, Md</i>		Months <i>7</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>At place of death</i>		Months <i>—</i>		Days <i>7</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Harmony Grove Md</i>		Mother's Birthplace <i>Columbia Pa</i>	
Father's Name <i>Harry Johnson</i>		Mother's Maiden Name <i>Mary Measling</i>		Name of person giving information <i>Harry Johnson</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>29 hours</i>
Immediate <i>Exhaustion</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Labruce M.D.</i>
	Address <i>22 E. Church St.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

Thomas Frank Kefauver

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Middletown</i>		Town <i>Fredrick</i>		County		MARYLAND					
Date of death	1907	Month	June	Day	2nd	Years	23	Months	6	Days	25-
Sex	male		Color or Race	white		Birth-place	Middletown Md				
Occupation	Teacher			Where Residing if not at place of death							
Married , Single or Widowed				Name of Wife or Husband							
Father's Name	Lewis F Kefauver						Father's Birthplace	Middletown			
Mother's Maiden Name	Jennie Crockerly						Mother's Birthplace	Md			
Name of person giving information	Lewis F Kefauver						How related to deceased	father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>159</i>	How long	
Immediate	Suicide by shooting himself		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. R. Thayer M.D.</i>		
	Address <i>Middletown Md.</i>		
Accidental Suicide?			



Name
in
Full

Sarah E. Kolb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Emmitsburg</i>		County <i>Frederick</i>		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	<i>1907</i>	<i>June</i>	<i>7</i>	<i>73</i>			
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Md</i>
Occupation	<i>Housekeeper</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>		Name of Husband	<i>David J. Kolb</i>			
Father's Name	<i>John Short</i>			Father's Birthplace	<i>Pa</i>		
Mother's Maiden Name	<i>Mary M. Richards</i>			Mother's Birthplace	<i>Pa</i>		
Name of person giving information	<i>Fannie E. Kolb</i>			How related to deceased	<i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Gastritis</i>	<i>(104)</i>	How long	<i>one year</i>
Immediate	<i>Inanition</i>		How long	<i>2 or 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>John B. Brannan</i>
			Address	<i>Emmitsburg</i>
Accident or Suicide?				

0/70/10/16

Name
In
Full

Daniel Koogle of D.

CERTIFICATE OF DEATH

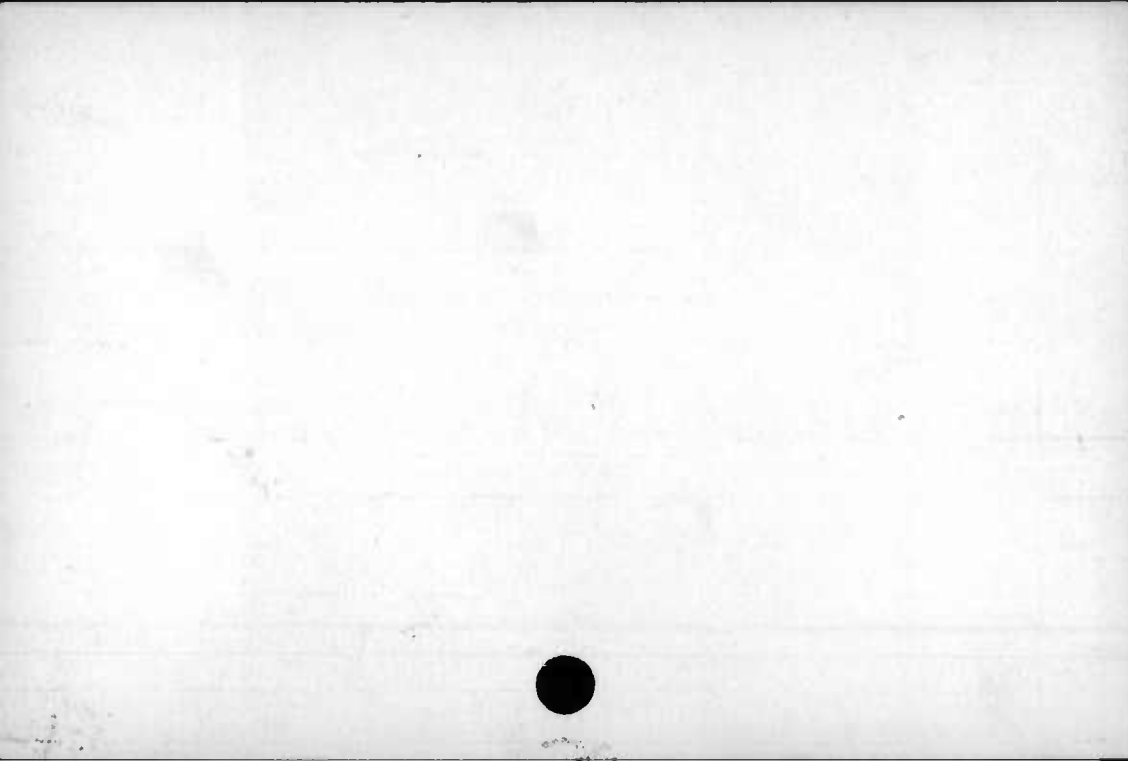
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Middletown</i>		Town <i>Fred</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>1</i>	Age <i>84</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fred. Co.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Fred Co.</i>				
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Elizabeth Koogle</i>					
Father's Name <i>John Koogle</i>			Father's Birthplace <i>Fred Co.</i>				
Mother's Maiden Name <i>Susan Horne</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>D. Sampson Koogle</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	<i>154</i>	How long	<i>—</i>
Immediate	<i>Debility</i>		How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. S. Davis</i>		
		Address <i>Boonsboro Md</i>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles Lamden.</i>		Town <i>Montom Hospital, Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Montom Hospital, Frederick</i>		Month <i>June</i>		Day <i>21</i>		Years <i>48</i>	
Date of death <i>1907</i>		Month <i>June</i>		Day <i>21</i>		Age <i>48</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Lower limits</i>			
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>Unknown</i>					
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Hospital records</i>		How related to deceased <i>✓</i>					

CAUSES OF DEATH

Primary

*Gen Debility**(179)*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

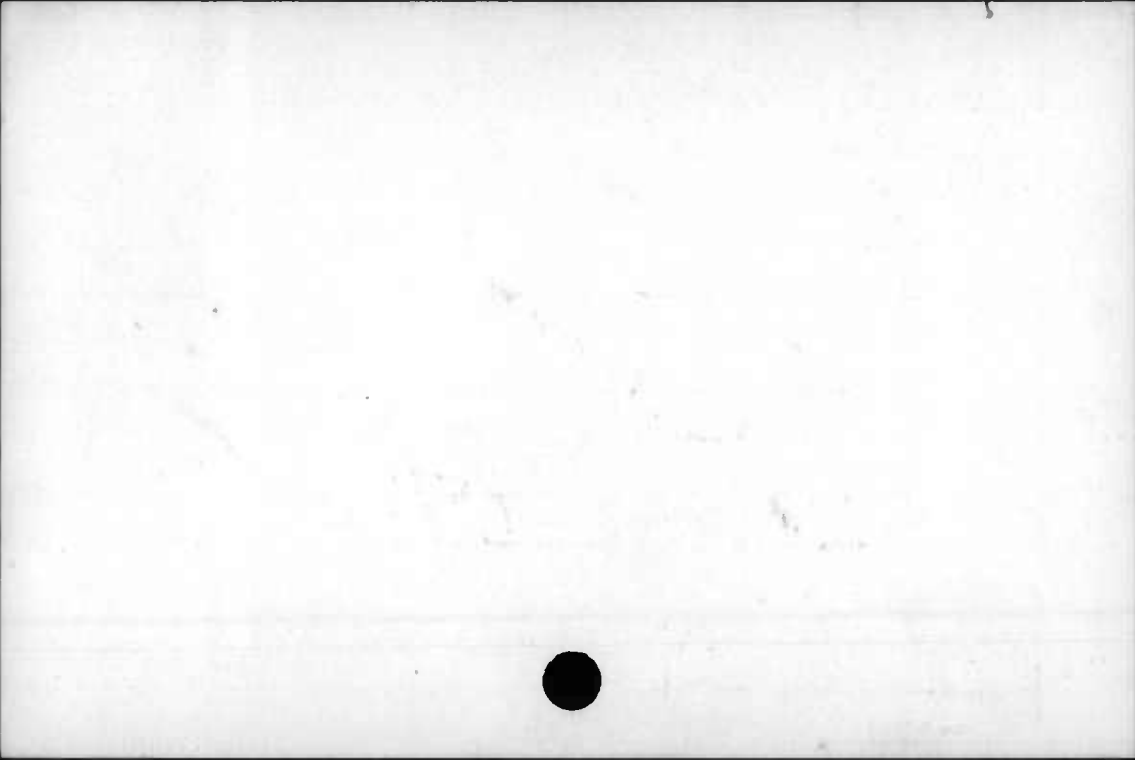
yes

Signature of Physician

Address

R. S. Lyons
Frederick,
Md.

Accident or Suicide?



Name
in
Full

Barbara Anna Leakins

CERTIFICATE OF DEATH

Died at ^{Town} Frederick^{County} Fred's

MARYLAND

Date
of death 1907

Month 6

Day 8

Age

Years 48

Months 1

Days 9

Sex

Female

Color or
Race

Black

Birth-
place

F. Co Md

Occupation

House Wife

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Leven Leakins.

Father's
Name

Nathan Gassaway

Father's
Birthplace

Md

Mother's
Maiden Name

Matilda Savoy

Mother's
Birthplace

"

Name of person giving
in formation

Minnie Leakins

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Paralysis (66)

How long

2 weeks

Immediate

Cardiac Failure

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. H. Bourne

Address

Frederick, Md.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Guanoant

Name
in
Full

Ernest Gus Mc Carney

CERTIFICATE OF DEATH

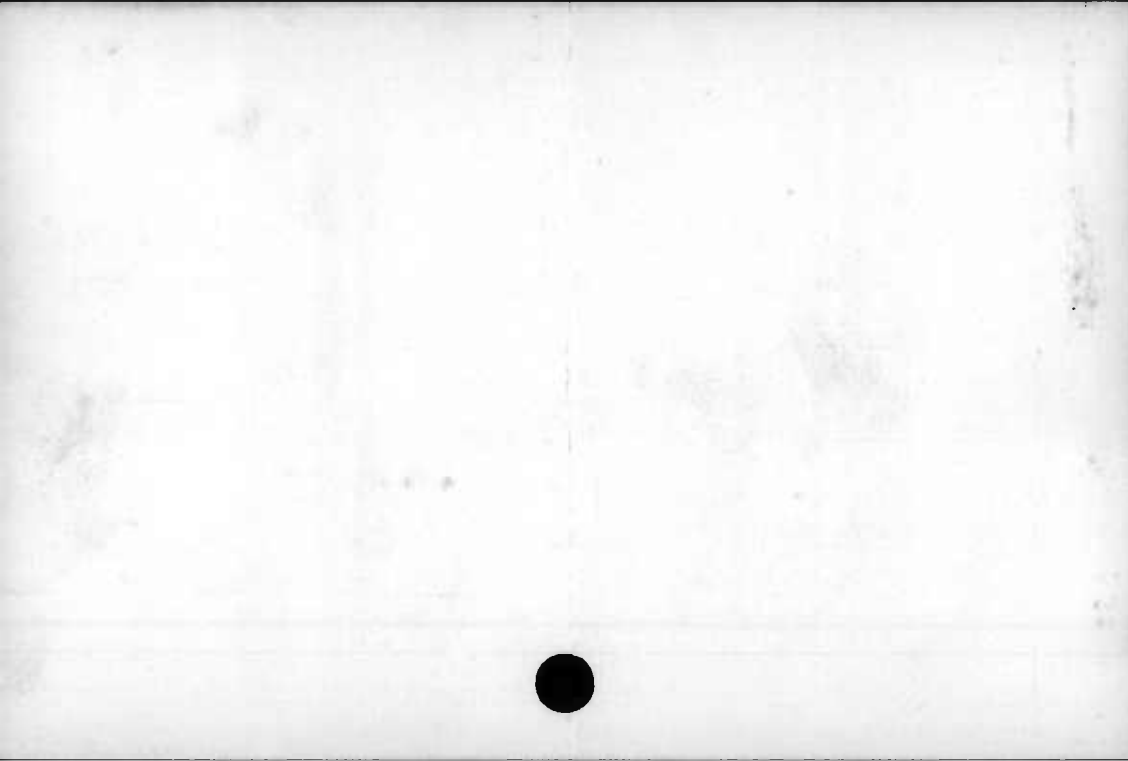
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Graceham		County Frederick		MARYLAND	
Date of death		190	7	Month June	12	Day	4
Age		1		Years		Months	
Sex		Male		Color or Race		White	
Occupation				Birth- place		Graceham Fred. Md.	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Jas Gus Mc Carney		Fethar's Birthplace		Penn.	
Mother's Maiden Name		Hattie Melhede		Mother's Birthplace		Frederick Co. Md.	
Name of person giving Information		Jas Gus Mc Carney		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles,	How long	1 week
Immediate	Broncho Pneumonia	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. C. Kefauver	
Address		Thurmont, Md.	
Accident or Suicide?			



Name
in
Full

Bessie Makel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gene Kiln</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1907	Month	6	Day	30	Age	27
						Years	27
						Months	5
						Days	23
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Ft. Co Md</i>
Occupation	<i>House Wife</i>		Where Residing If not at place of death		<i>Same</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Frank Makel</i>			
Father's Name	<i>William Brown</i>					Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Mary Crampton</i>					Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Mrs Brown</i>					How related to deceased	<i>Mother</i>

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>Fetal Death in Utero</i>	How long	<i>3 Days</i>
Immediate	<i>Septicemia</i>	How long	<i>Several Days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. G. Bourne</i>	
		Address	
		<i>Frederick Md.</i>	
Accident or Suicide? <i>—</i>			

Internment at Hope Hill

" July 1 - 07

Thomas P. Price

Name
in
Full

Rebecca Milbery

CERTIFICATE OF DEATH

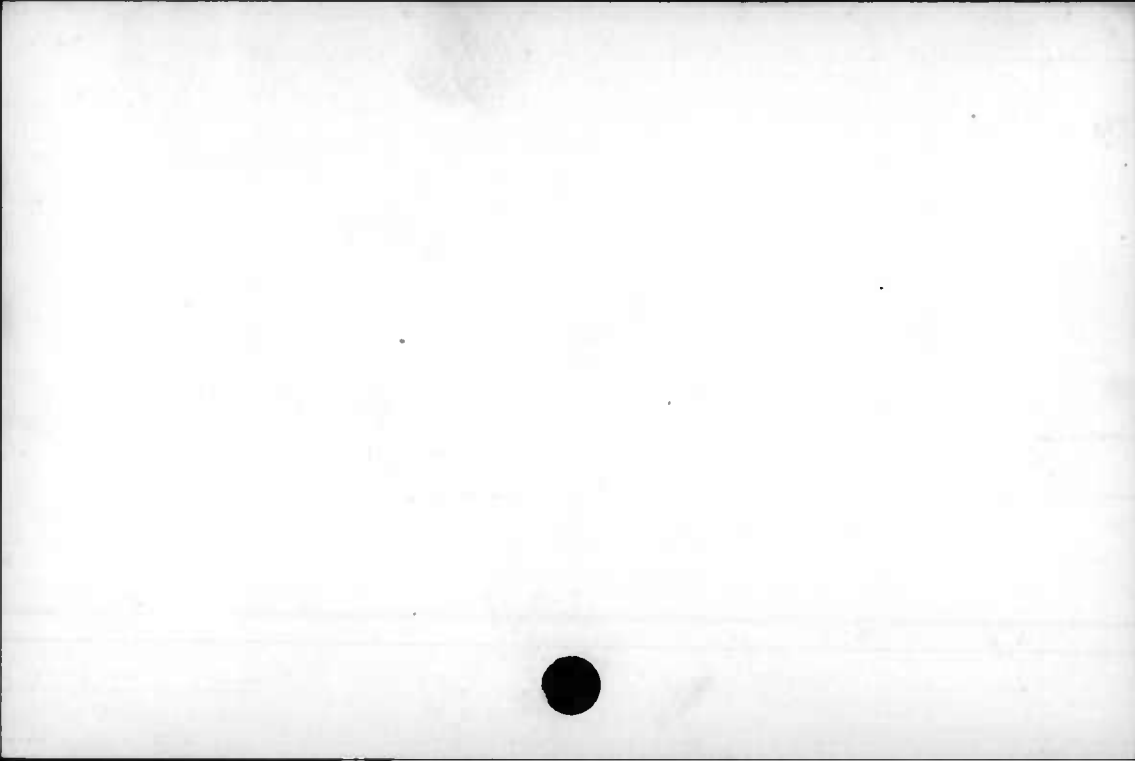
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1907	Month 6	Day 16	Age X	Years X	Months X
Sex Female		Color or Race Blond		Birthplace Md		Days 30	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed X		Name of Wife or Husband X					
Father's Name Henry Milbery		Father's Birthplace Md					
Mother's Maiden Name Penetta Gray		Mother's Birthplace Md					
Name of person giving information Henry Milbery		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition	(151)	How long	4 weeks
Immediate	Exhaustion		How long	same time
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician W. O. Long	
			Address City	
Accident or Suicide?				



Name
in
Full

Violet Mitchell

CERTIFICATE OF DEATH

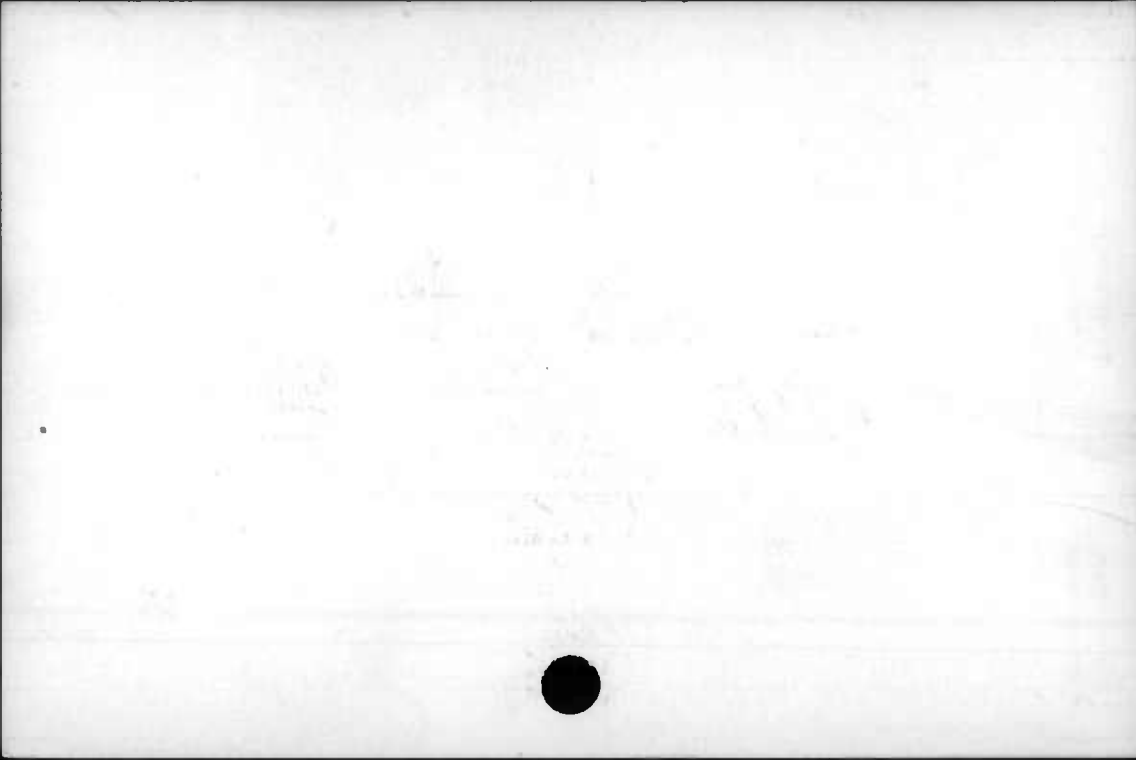
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1907	Month 6	Day 12	Age Years 87	Months X	Days X
Sex Female		Color or Race Black		Birth- place Va.			
Occupation N. N.		Where Residing if not at place of death X					
Married Widowed		Name of Husband William Mitchell					
Father's Name William Butler Fisher		Father's Birthplace Va.					
Mother's Maiden Name Mary Connell		Mother's Birthplace Va.					
Name of person giving information Ida Carey		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Debility - (154)		How long	24 to
Immediate	Exhaustion		How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		W. A. Long		
Address		Frederick Md.		
Accident or Suicide?				



Name

in Full

Rodgersville Montgomery

CERTIFICATE OF DEATH

No. 11,
MARYLANDTO BE ANSWERED BY
NEAREST FRIENDDied at *Near Monrovia* Town *Frederick,* CountyDate of death *1907* Month *June* Day *24* Age *18* Months *10* Days *18*Sex *male* Color or Race *White* Birth-place *Gamsville*Occupation *Farmer* Where Residing if not at place of death *Near Reels Mills*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *George W. Montgomery* Father's Birthplace *Gamsville*Mother's Maiden Name *Lizzie Crawford* Mother's Birthplace *Gamsville*Name of person giving information *Mrs. Sadie Ball* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Gun shot wound* (159) How longImmediate *Hemorrhage* How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician

Address *Bernard Thomas M. D.**Supposed Suicidal* *Run Market Md.*



Name
in
Full

Luther Murdock

CERTIFICATE OF DEATH

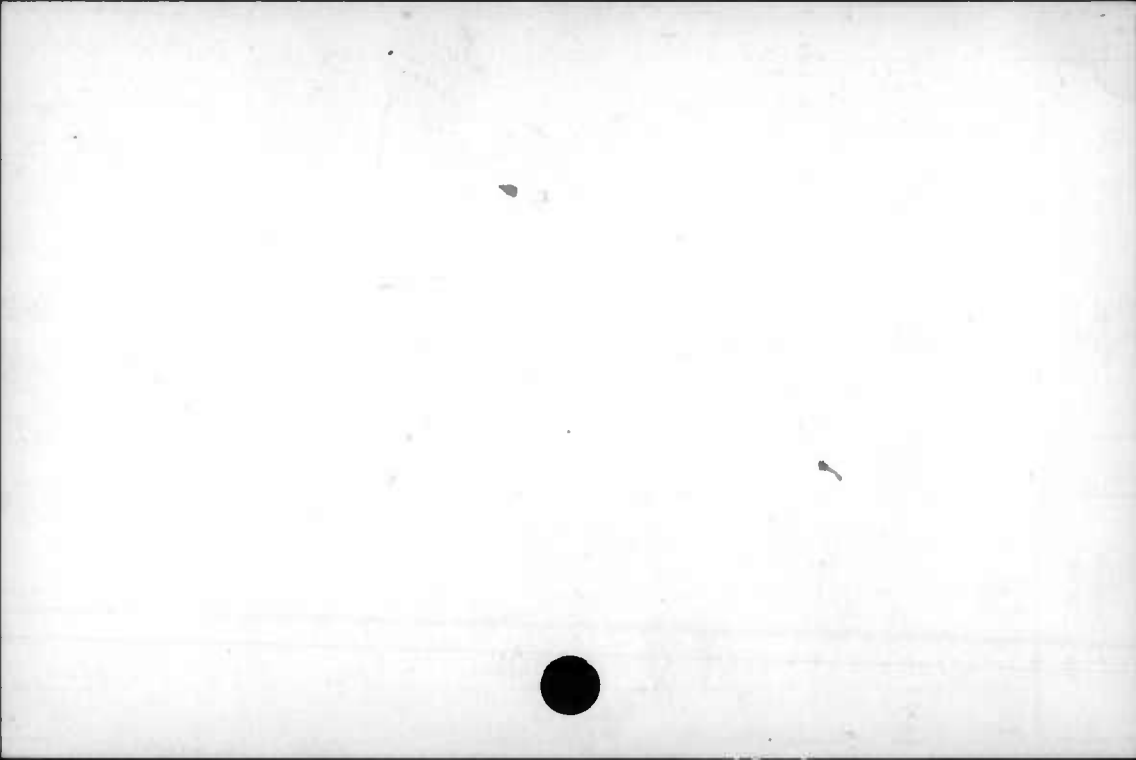
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1907	Month 6	Day 28	Age 71	Years	Months X	Days X
Sex	Male		Color or Race	Black		Birth- place	Md
Occupation	Shoemaker			Where Residing if not at place of death		X	
Married, Single or Widowed	Single		Name of Wife or Husband		Rebecca Murdock		
Father's Name	Unknown				Father's Birthplace	XX	
Mother's Maiden Name	Unknown				Mother's Birthplace	XX	
Name of person giving In formation	Rebecca Murdock				How related to deceased	Wife	

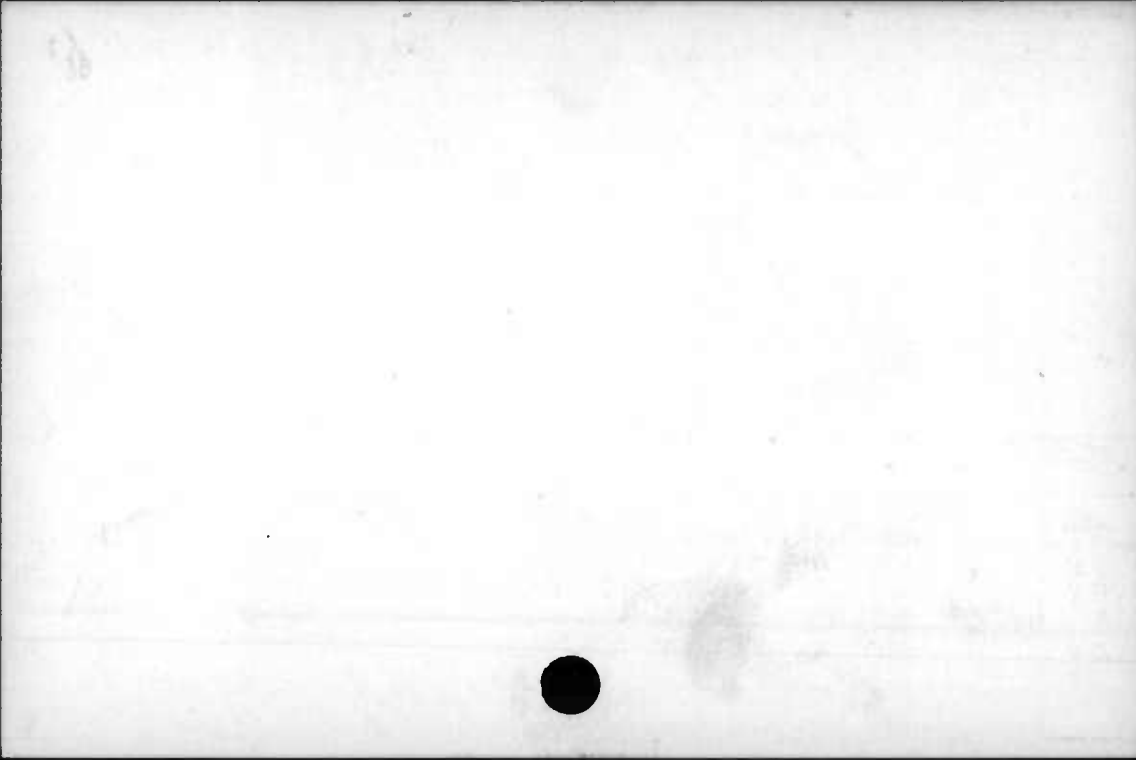
CAUSES OF DEATH

PHYSICIAN
OR CORONER

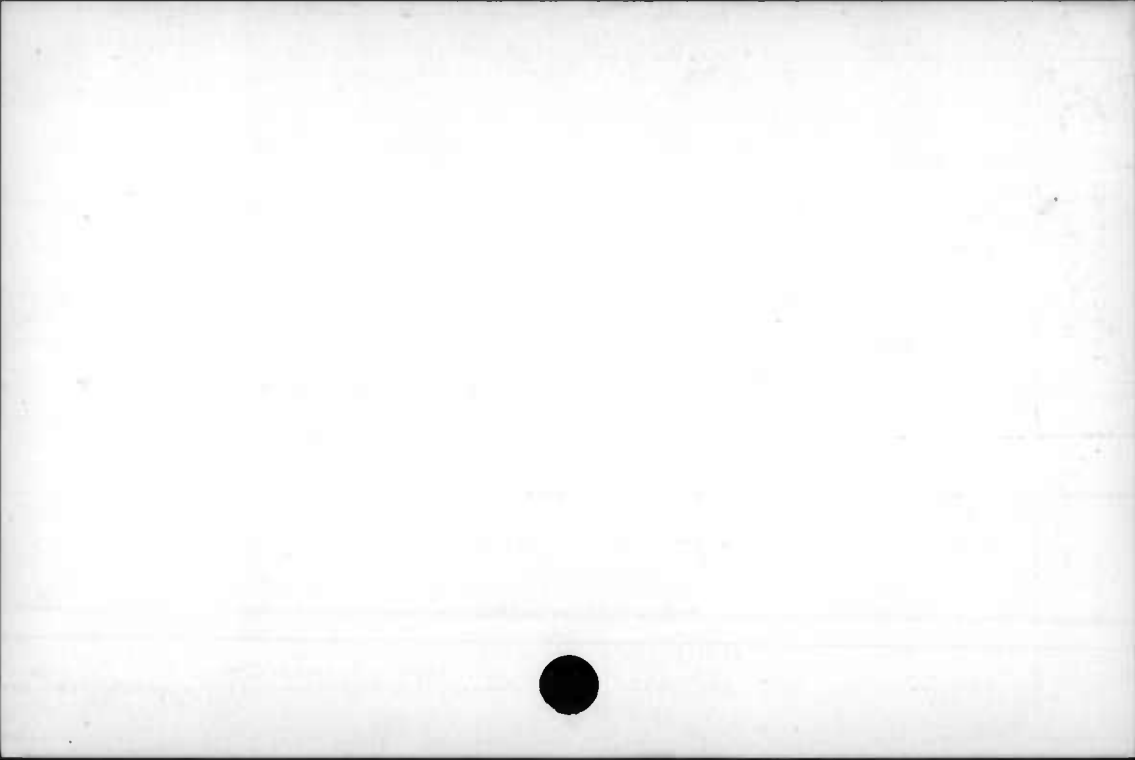
Primary	Septic Cytitis	How long	28 days
Immediate	Pneumonia & Exhaustion	How long	8 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. A. Long
		Address	Frederick Md.
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Frederick		Frederick		MARYLAND				
	Date of death		1907	Month	June	Day	26	Age	Years	Months	Days
	Sex		Female		Color or Race		Colored		Birth-place		Birth
	Occupation				Where Residing if not at place of death						
	Married, Single or Widowed				Name of Wife or Husband						
	Father's Name		John Nelson		(S)		Father's Birthplace		md		
	Mother's Maiden Name		Middy Bowen		(S)		Mother's Birthplace		md		
Name of person giving information		"		"		How related to deceased		Mother			
		CAUSES OF DEATH				(S)					
PHYSICIAN OR CORONER	Primary		{ Premature Birth.				How long				
	Immediate		{ Caused by fall				How long				
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		U. G. Bourne				
					Address		Frederick md				
	Accident or Suicide?										



Name in Full		Certificate of Death			
Emma V. Pearl		Town Frederick		County Frederick	
Died at		Frederick		Maryland	
Date of death		1907	Month	Day	Age
Sex		Female	Color or Race	White	Birth-place
Occupation		Wife	Where Residing if not at place of death		
Married, Single or Widowed		Married	Name of Wife or Husband		
Father's Name		Grafton Jenkins	Father's Birthplace		
Mother's Maiden Name		Jane Jenkins	Mother's Birthplace		
Name of person giving information		M. Pearl	How related to deceased		
		Husband			
CAUSES OF DEATH					
Primary		Carcinoma of Breast		How long	
Immediate		Exhaustion, Paralysis of Heart		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address	
Accident or Suicide?		No.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Sex

Occupation

Married, Single
or WidowedFather's
NameMother's
Maiden NameName of person giving
information

Town

County

MARYLAND

Date

of death 190

Sex

Occupation

Married, Single
or WidowedFather's
NameMother's
Maiden NameName of person giving
informationName of Wife or
HusbandWhere Residing if not
at place of death

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

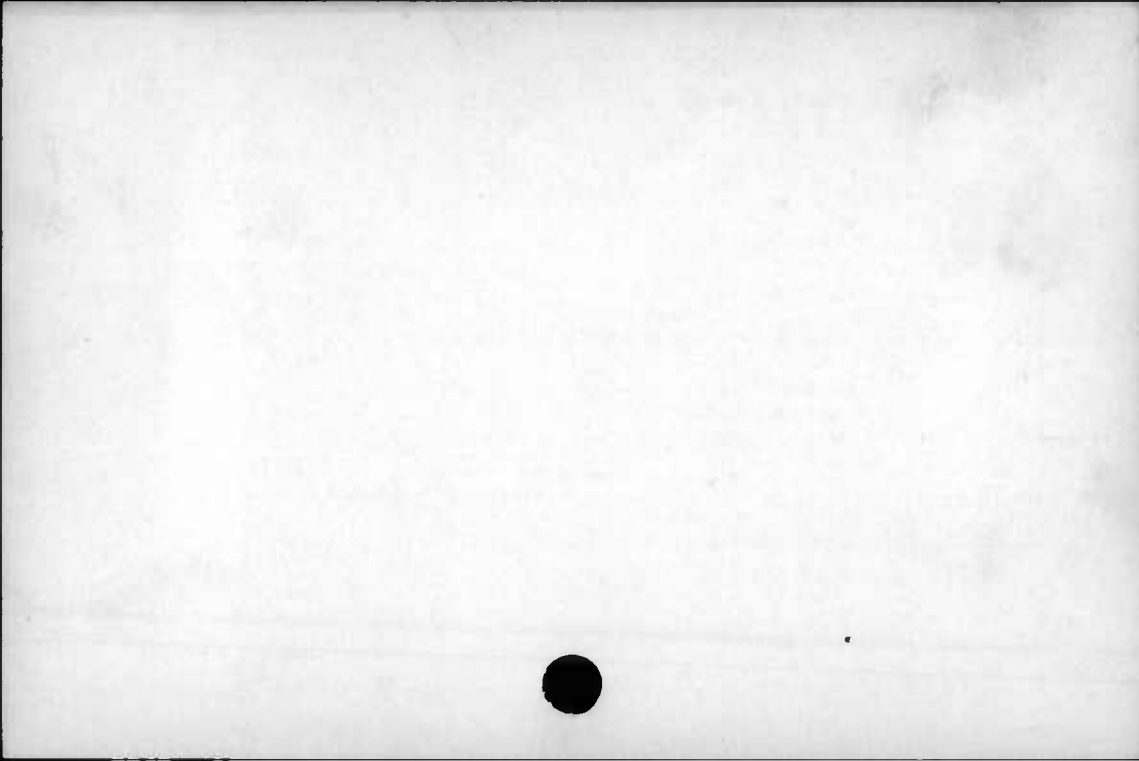
Address

Accident or Suicide?

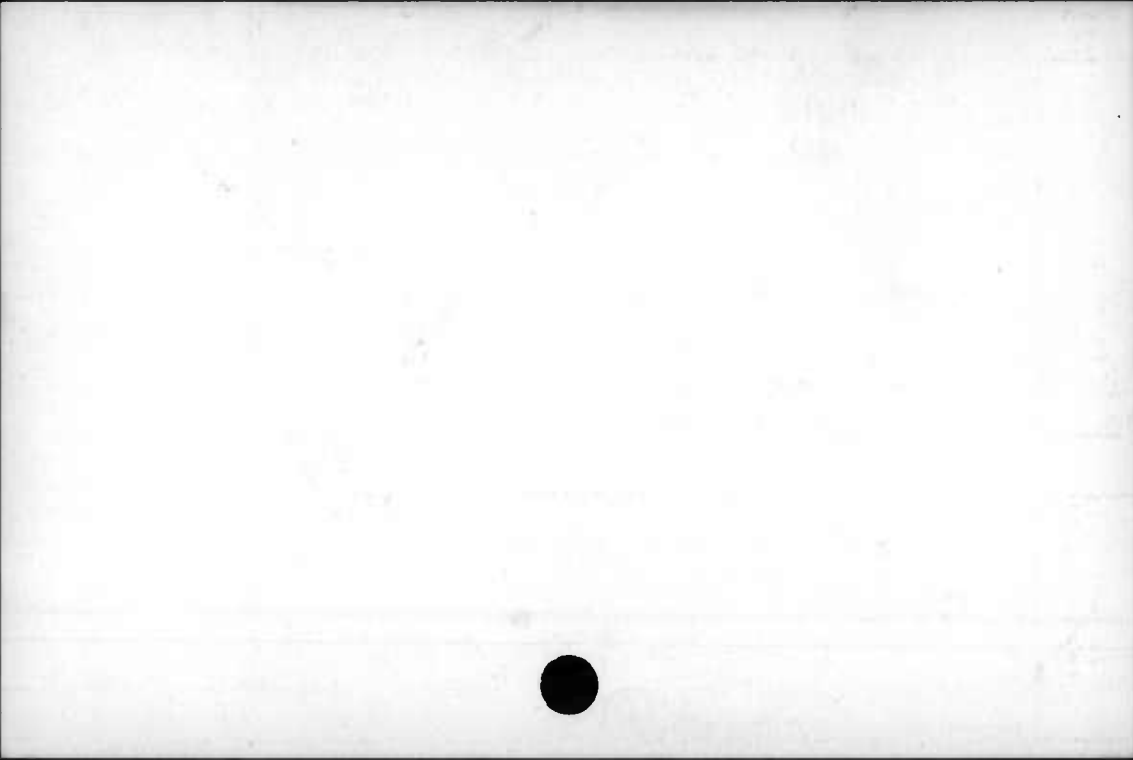
PHYSICIAN
OR CORONERHow related
to deceased

How long

How long



Name in Full		Certificate of Death			
Harry Edward Richards		Town		County	
Died at Frederick		Frederick		MARYLAND	
Date of death		Month	Day	Years	Months
1907		6	9	14	17
Sex		Color or Race		Birth-place	
Male		White		City	
Occupation		Where Residing if not at place of death			
Laborer		Same			
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace			
Wm H. Richards		F. Co. Md			
Mother's Maiden Name		Mother's Birthplace			
Emma Leesch		"			
Name of person giving information		How related to deceased			
W. H. Richards		Father			
CAUSES OF DEATH					
Primary		How long			
Heart disease		79		Unknown	
Immediate		How long			
Heart failure				Immediate	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		Wm Meredith Smith			
		Address			
		Frederick, Md.			
Accident or Suicide?					



Name
in
Full

Andrew Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monticello</i> Town		<i>Frederick</i> County		MARYLAND		
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>18</i>	Years <i>30</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Harford Co., Md.</i>			
Occupation <i>Immali</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Her father records</i>	How related to deceased					

CAUSES OF DEATH

171

PHYSICIAN
OR CORONER

Primary	<i>Shock resulting from contact with a live electric light wire.</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. B. Lyson</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide? <i>Accident</i>			



Name
in
Full

George E Rudy

CERTIFICATE OF DEATH

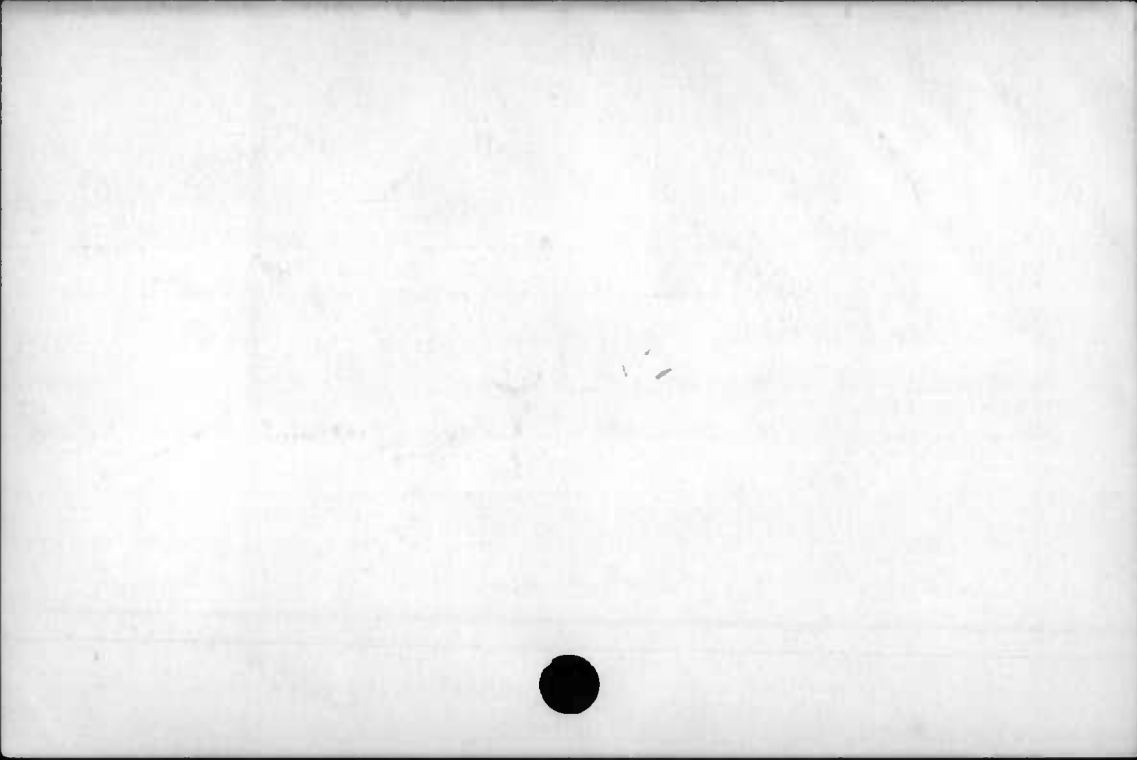
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wm Middletown</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1907	Month	June	Day	24	Age	68
Sex <i>Male</i>		Color or Race <i>White</i>		Months		Days	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Wm Middletown</i>		Birthplace <i>Frederick Co Md</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Catharine E Rudy</i>		Father's Name <i>Heenan Rudy</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Ann C Shafer</i>		Mother's Birthplace <i>Id</i>		How related to deceased <i>Daughter</i>			
Name of person giving information <i>Fannie Rudy</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Paralysis</i>	(67)	How long	<i>4 yrs</i>
Immediate	<i>Paralysis of Pneumogostic</i>		How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>E S Beckley</i>	
			Address <i>Middletown</i>	
Accident or Suicide?			<i>Maryland</i>	



Name
in
Full

Mary D. Snouffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

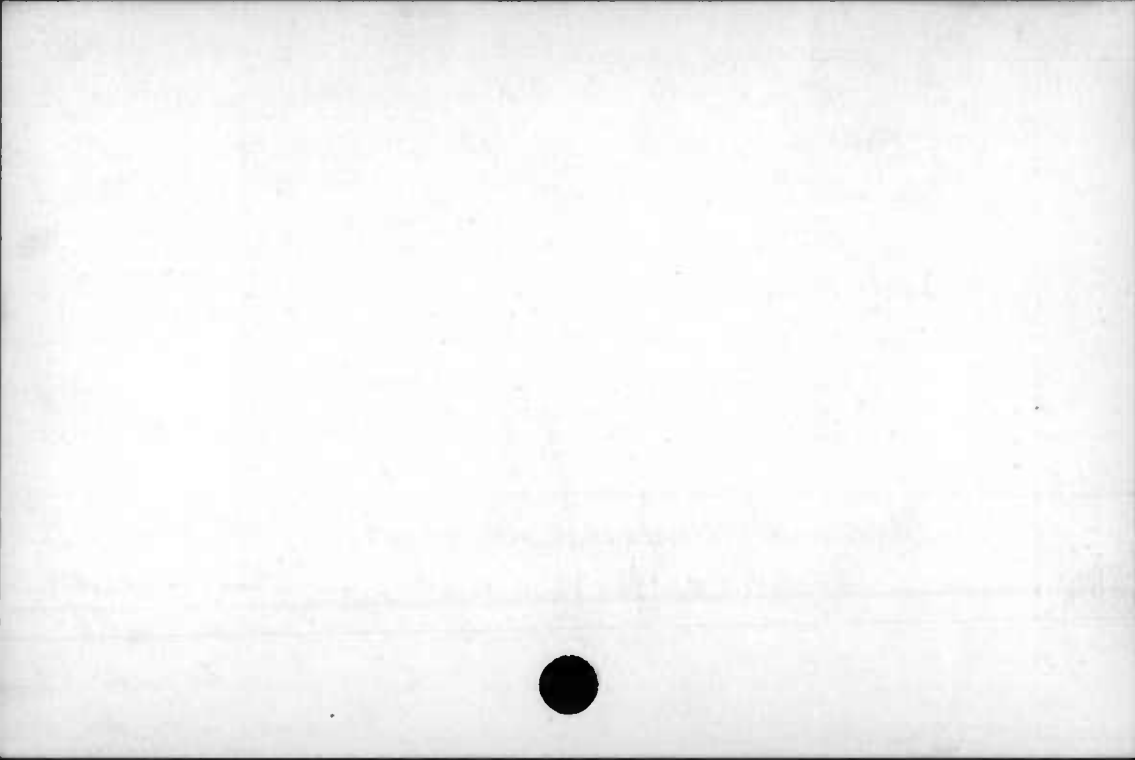
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		June	2	37		6	1
Sex		Color or Race		Birth-place			
Female		White		Emmitsburg			
Occupation		Where Residing if not at place of death					
House-wife		Emmitsburg					
Married, Single or Widowed		Name of Wife or Husband					
Married		Philip Snouffer					
Father's Name		Father's Birthplace					
Conrad Syfer		Germany					
Mother's Maiden Name		Mother's Birthplace					
Margaret Lanthorn		Germany					
Name of person giving information		How related to deceased					
Donal Sweeney		Under tutor					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 yrs
Immediate	Cardiac Exhaustion	How long	2 wks.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		B. J. Jamison	
		Address	
		Emmitsburg Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

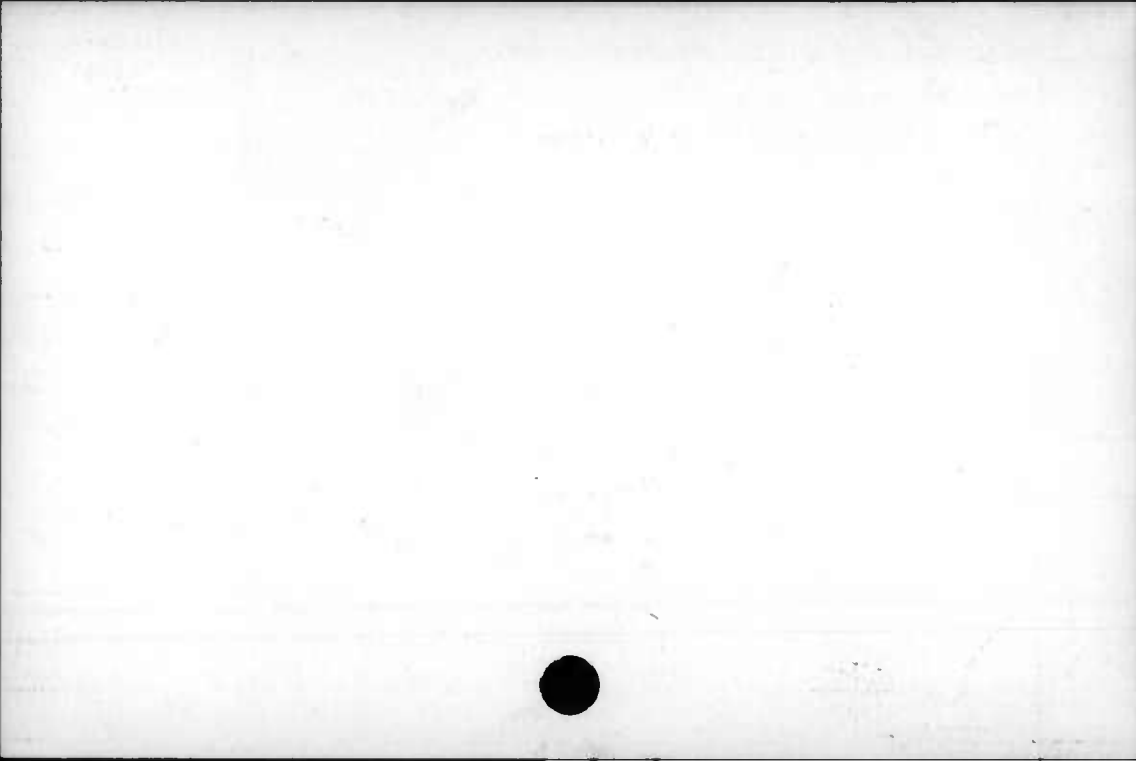
Name in Full <i>Mildred Jeannette Stull</i>		Town <i>Fredesburgh</i>		County <i>Fredesburgh</i>		MARYLAND	
Died at <i>Fredesburgh</i>		Month <i>6</i>		Day <i>18</i>		Age <i>5</i>	
Date of death <i>1907</i>		Years <i>4</i>		Months <i>14</i>		Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>F. Co. Md.</i>			
Occupation _____				Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Victor Stull</i>		Father's Birthplace <i>F. Co. Md.</i>					
Mother's Maiden Name <i>Mattie Zimmerman</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Victor Stull</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

⑨

PHYSICIAN
OR CORONER

Primary	<i>Membranous Croup</i>	How long	<i>5 days</i>
Immediate	<i>Asphyxia</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. F. Goodell</i>	
		Address <i>C. Patrick St Fredericks-</i>	
Accident or Suicide? _____			



Name
in
Full

Ellen Thomas

CERTIFICATE OF DEATH

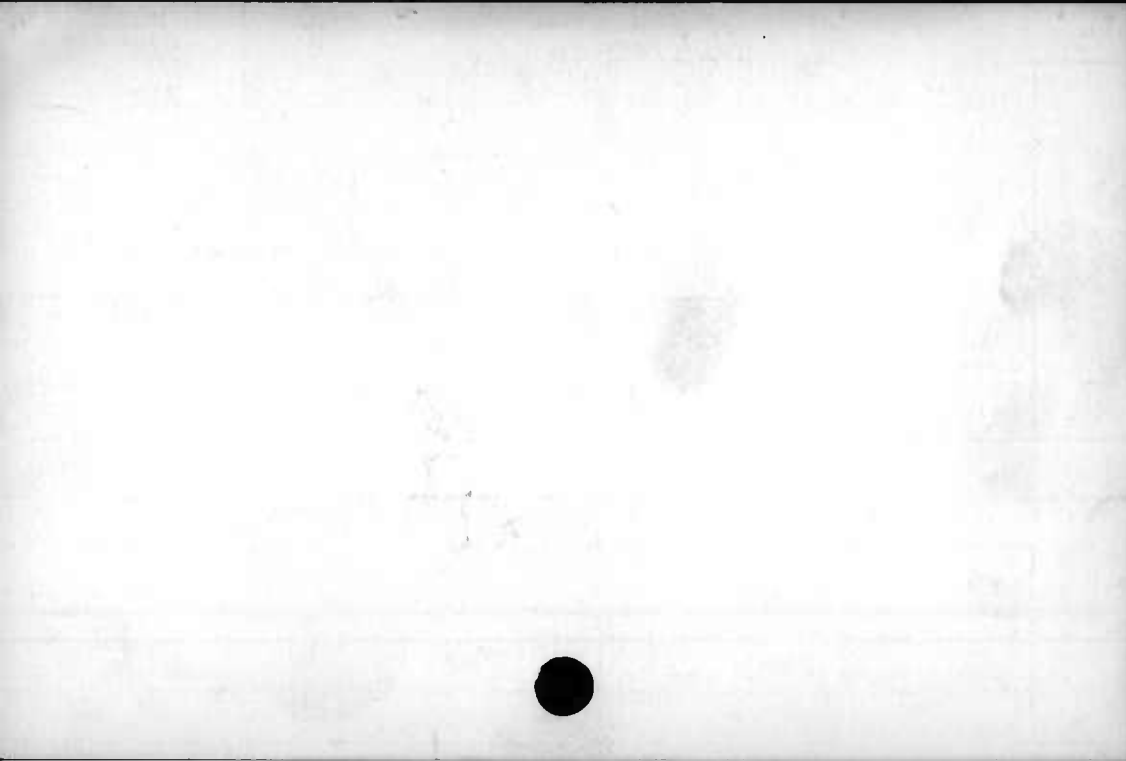
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i> Town		<i>Frederick</i> County		MAYLAND	
Date of death	1907	Month	6	Day	26
				Age	70
Sex	<i>Female</i>		Color or Race	<i>Black</i>	
Occupation	<i>Maids</i>		Birth-place	<i>Mo</i>	
Where Residing if not at place of death			<i>Same</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Unknown (Slave)</i>		Father's Birthplace		
Mother's Maiden Name	<i>"</i>		Mother's Birthplace		
Name of person giving information	<i>Emma Spencer</i>		How related to deceased		
<i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterio Sclerosis</i>	(81)	How long	<i>Two years</i>
Immediate	<i>Uremia</i>		How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		<i>Wm M. Smith</i>		
		Address		
		<i>Frederick Md.</i>		
Accident or Suicide?				



Name in Full

Certificate of Death

Mary Ann Towns

Town

County

Died at

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

June 6

Age

76

-

-

-

Md

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

8 or 10

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cancer of Liver

Death

Immediate

Exhaustion

How long sick

1 yr

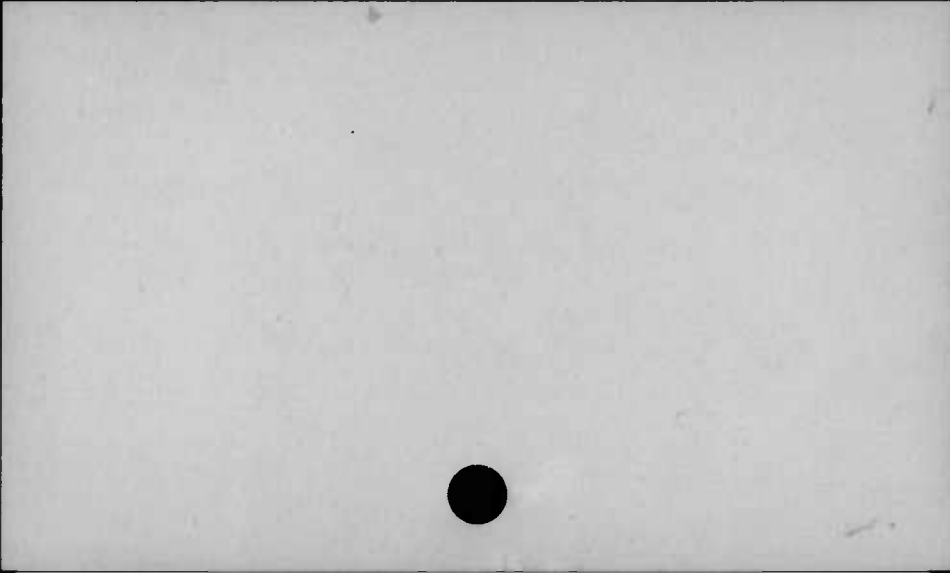
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full		Berdol Wagoric				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Bremersville		County Frederick		MARYLAND
	Date of death		1907	Month June	Day 19	Age 18	Months - Days -
	Sex		male		Color or Race white		Birth-place Hungary
	Occupation		Laborer		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband -		
	Father's Name		not known		Father's Birthplace Unknown		
	Mother's Maiden Name		-		Mother's Birthplace Unknown		
Name of person giving information		Julia Wagoric		How related to deceased		Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		accident.		(164)		How long 6 hours
	Immediate		Shock and (coronary)				How long "
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Lirin Trast		
	Accident or Suicide?				Address Bremersville - Frederick Co		



Name
in
Full

Mrs. Ella Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Buckystown</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	1907	Month	<i>June</i>	Day	<i>13</i>	Age	<i>33</i>
						Months	<i>11</i>
						Days	<i>20</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Pt of Rocks</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>Buckystown</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Mrs. J. B. Miles</i>			
Father's Name	<i>David L. De Grange</i>				Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Josephine Hoffman</i>				Mother's Birthplace	<i>Pt of Rocks</i>	
Name of person giving information	<i>Mrs J. B. Miles</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary	<i>Child Birth, Chronic Nephritis</i>	How long	<i>12 days ago</i>
Immediate	<i>Chronic Convulsions</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Frank Hedger</i>
		Address	<i>Frank Hedger M. D.</i>
Accident or Suicide?			



Name
in
Full

Cecil Eugene Kittelo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Brunswick		Frederick		MARYLAND	
Date		Month		Day		Years	
of death		1907		June		1	
Sex		male		Color or Race		white	
Occupation		foreman		Birth-place		Va	
Where Residing if not at place of death							
Married, Single or Widowed		marrie		Name of Wife or Husband		Sarah E. Kittelo	
Father's Name		Chasman		Father's Birthplace		Chasman	
Mother's Maiden Name		Annie Kittelo		Mother's Birthplace		Va	
Name of person giving information		Sarah E. Kittelo		How related to deceased		wife	

CAUSES OF DEATH

Primary	Tuber culosis	How long	7 weeks
Immediate	exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. S. Hudgas
		Address	Brunswick-Frederick
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sabillasville</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>9</i>	Age	Years	Months
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Sabillasville</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Not known</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Leonard H. Harbaugh</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cyanosis</i>	How long <i>16 hours</i>
Immediate <i>"</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. L. Wachter</i>
	Address <i>Sabillasville</i>
	<i>Ma</i>
Accident or Suicide?	

